2411 N. Charles St., Baltimore

1631+

00161

CERTIFICATE OF DEATH

eg. Dist. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	State Mid. County Balto.		
City or town Baynesville (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death? 7 years	City or town Bay nesy 1116 (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	street No. 1646 Mussula Rd.		
1646 Mussula Rd.	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Vourly,	Regarder		
4. Sex 5. Color of face 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE DE DEATH 201. 2 1948 at 3P. M		
	2D. DATE DF DEATH		
6.(b) Name of husband or wite	19		
	and that I last saw h airt on 19		
7. Birth date of deceased (mo., day, yr.) Oct. 20th. 1924			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
23 2 12hrsmin.			
	newtaldelines met 1 2415		
9. Birthplace Oh. i.O. (Town, county, and atate)	the secondary of Child the		
10. Usual occupation	Pue to		
11. Industry or business	DUE (C.		
F 12. Name. Robert R. Ross	Other conditions		
13. Birthplace Ohio			
	(Include pregnancy within 8 months of death)		
14. Maiden name Mary Hegfield	Major fiediogs of operations		
S 1s. Birthplace Ohio	Date of op.		
16. Informant Mr. Wm. G. Alexander	Actopsy results		
Address 1646 Mussula Road			
ti. burial Date thereot Jan. 5, 1948 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, til in the following: Accident, wickle or homicide		
	Where did Injury occur? Rayout Batta		
Cemetery or crematory. In social and Upunous	(lity or town) (County). (State)		
Location Glalto ud	tnjured at home farm, industry, public place (where?)		
() = F (1).	Means of Injury 1844 - William - William at work?		
18. Funeral director 7401 Belair Road	RIVITATION		
Address 7401 Belair Road	23. SIGNATURE TO THE TOTAL TO THE TOTAL TO		
101/3 1048 a.M. Bococi	M. D. J. J. L.		
(Dute rec'd hy registrar) Registrar	AddressDate signed		

HE WE KITTED JAN 6 1948 BUREAU VE

00162

CERTIFICAT	E OF DEATH Reg. Diat. No. 4-3
1. PLACE OF DEATH County County County County County City or town Libit, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or steel add 32 mer? death or cerrife: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Jane & allen	3. (b) Social Security Number
4. Sex fen. Thit. Melan. Moreau a Allen	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wite	and that I last saw h
9. Birthplace	Hamplega E faralgois. 16 gra
11. Industry or business 12. Name Henry S. Trace? 13. Birthplace Manylayd.	Diher conditions (Include pregnancy within 3 months of death)
14. Maider padel dea G. Barrey land.	Major findings of operations. Date of op.
Address Old Philas PAN Mohre Jane 17. (Burial, cremation, or removal. Which?) Date thereof, Charles (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or credetory Wards To happell Location Belto Go, Mys	Whers did Injury occur?
18. Funeral director	3. SIGNATURE MARCHANTER M. D. or other

Registrar Address.....

FOR BINDING RESERVED MARGIN UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

important.

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00163

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Reg.	Dist.	7	Va		

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

						108. Dist. 101	******************
1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HC	OME) OF	DECEASED:	
			***************************************	State Md.		Baltimore	
City or town. Arb	TOURS CLED OF SOME IN	mlts, write k	RURAL and give nearest town)	Ambreton		•	************************
How long In above place	of death?	•••••	one year	(If outside city or		write RURAL and give near	rest town)
Hospital, Institution, or	street address where	death occurre	1:	Street No. 1005 Bee			
	***************************************	,	Q			LOCATION)	
How long in hospital or			***************************************	2.(α) if veteran, name war	***************************************		
3. (a) FULL NAME		beth	Anderson			3. (b) Social Security 1	Number
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDI	CAL CE	RTIFICATION	
Female	W.	Mar	ried	20, DATE OF DEATH Jan.	12/48	3 10	, at
6.(b) Name of husband	35 04	6.(c) If alive, give ageyeare	21. I CERTIFY that death occurred on and that I last saw h	19.5	17 10 June 12	
deceased (mo., day, you	Months 24	Days	If less than one day	Immediate cause of death.	west	y. Julanny	DURATION
8. AGE: Years 93	7	18		aching.		/	
30			hrs. min.			2 10	*******************************
9. Birthplace	Bivalve	, Md	state)	Due to Marson Ma	100/1	Mrs mapping	***************************************
	Mana	county, and	state)		· · · · · · · · · · · · · · · · · · ·		
10. Usual occupation	110110			Due to	elen	210	***************************************
11. Industry or business		Toolea	A. 30				***************************************
12. Name	Joshua	Jacks	OII	Other conditions			
	Md.			(Include pregnane	IALI- 0		
14. Maiden name 15. Birthplace	Unkn	OWn					
LOF	Md.			Major findings of operations			
Month		~	C 000				
			son	Autopsy results			
Address 100	5 Beechf			22. VIOLENCE: If death was due to		P. I	
Buria (Burial, cremation,	21	Date the	Jan. 15/48	Accident, suicide, or homicide			
		,	(month) (day) (year)				
Cemetery or cremator	Tyaskin		Church Cemetery	Where did injury occur?(Cits	y or town)	(County)	(State)
Location	Tyaskin	, Md.		Injured at home, tarm, industry, publi	ic place (wh	ere?)	
49 Support discours	Zanz	19	· Wickle.	Meens of Injury		Injured at work?	
18. Funeral director	101 Edmo	ndson	Ave. O	Moder	KA	Utan 1.	
10 1/14	49.	/	P. W. Hedrush	23. SIGNATURE	0	M. D. o	11.3 /115
(Date rec'd by reg	ristrar)		Registrar	Address Ala LWU	Kuy	Date signed.	1.10 / 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

546

00164

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prophere, in face residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	Siate County
How long in above place of death?	City or town (17 outside city or town limits), write RURAY and give nearly fown) Street No. (18 outside city or town limits), write RURAY and give nearly fown)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
5. Color or sete 6.(a) Single marved, widowed, or different multi-	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6,(b) Name of husband or wife S.(c) If all ve, give age	21. I CERTIFY that death occurred on the date above stated: that I attended decreased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION OURATION OURATION 5 Days
9. Birthplace (Town, county, and stage)	Oue to
10. Usual occupation. American	13 P 13 7012 3 12 4 75
11. Industry or business and and	Due to
HE 12. Name Many Sylley	Other conditions
13. Birthplace Aloma Massage 14. Maiden name Calla January	(Include pregnancy within 3 months of death)
14. Maiden name Chila and Masses 15. Birthplace Commanda and Masses 15. Birthplace Commanda and Masses 25.	Major findings of operations
16. Informant Les til If Conting	Autopsy results
Address 6/3 Oucibrook (49/100	22. V10LENCE: Il death was due to external causes, fill in the following;
(Burial, eremation, or removal south)	Accident, suicide, or homicide
Cemetery or crematory forces of the Common o	Where did injury occur?
Location Salary May	Injured al home, farm, Industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
Address 2/9 9 90 al 37	23. SIGNATURE M. D. or other
19. (Date red by registrat) Registrat	72 1 Milkd 1/12/11

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correct age

A DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HOHAL DECIDENCE (LICAME) OF DECEASED.

CERTIFICATE OF DEATH

Reg. Diat. No....

County Baltimore: City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Approximately 40 Minutes Hospital, Institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Maryland How tong in hospital or institution? Approximately 40 Minutes		mits, write RURAL and give nearest town) roximately 40 Minutes death occurred: , Ft. Howard, Maryland	Harde Paris	and give nearest town)	
3. (a) FULL NA	JOH	N T. ANDREWS		18-3477	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICAT		
7. Birth date of	۳.70 O	Andrews	21. I CERTIFY that death occurred on the date above stated: that I January 8, 18. 48. to Ja and that I last saw h. im. alive on January 8,	nuary 8, 19 48 1948 19	
8. AGE: Yes	ars Months	Days If less than one day 26 min	Immediate cause of death Hemorrhage	Sudden	
		ryland county, and state)	Due to Esophageal varices	1 yr.	
11. Industry or busin	ess	d	Oue to Portal Cirrhosis	plus	
13. Birthplace	Maryland	ndrews	Dther conditions Cholelithiasis		
14. Maiden nam 15. Birthplace	Germany	tkey (BRT/(FY)	Major findings of operations	of op	
16. Intermant Clinical Records, Vets. Adm. Hosp.			Autopsy results. Substantiated Above. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burn	on, or removal, Which	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the fol Accident, suicide, or homicide	Date of	
Cemetery or crem	atory Galli	more had sefm Baltond	Where did Injury occur? (City or town) (Cour. Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Phillip	Sterning stans	Quan 28000	at work?	
19. (Dan rec'd by	registrar)	8 Alw Hedice	23. SIGNATURE WM. E. RAGSDALE JR. M	D4. D. or other	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00166

CERTIFICATE OF DEATH

Reg. Dist. No. 40

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdenee of mother) State
Sister Mary Boniface Balzer 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Suigle	20. DATE DE DEATH Jau. 27 19.48 21.3.15 A. M.
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18.45. to Satt 2.7. 19.46. and that I last saw her alive on 2.24. 2.4. 19.45. Immediate cause of death
8 4 3 24hrsmin.	my o cardial buompensation 1 71
B. Birthplace Rochester U. J. (Town, county, and atate) 10. Usual occupation Taneller 11. Industry or business	Due to
12. Name luguest Balzer 13. Birthplace als are Lorraine	Other conditions arderia Schenosia and hy keidensian.
14: Malden name Adelaide Michel 15. Birthplace Germany	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Su Mary Clara	Autopsy results
Address Notels Cliff, Md. 17	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremptory A D & Logation Service Cemetery of Control Cemetery of Cemeters of Cemetery of Cemetery of Cemeters of C	Where did Injury occur?
18. Funeral director M. F. M. S.	Means of injury Injured at work?
19, (Uate ree'd by registrar)	Address Date staned M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

00167

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: tounty Beltimore City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town) 20 years How long in above place of death? 20 years Hospital, losfitution, or streef address where death occurred: CockeysyMill Road Reisterstown How long in hospital or institution? 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town Reisterstown (If outside city or town limits, write RURAL and give neerest town) Street No. CockeysMill=Road (If rural, give LOCATION) 2.(a) If veteran, name war. NO		
3.(a) FULL NAME James Franklin Barnes	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced W	MEDICAL CERTIFICATION 20, DATE OF DEATH. 1988 at		
8.(6) Name of husband or wife Jennie Sprinkle Barnes 8.(c) If alive, give age years 7. Birth data of deceased (mo., day, yr.) August 27 1857	21. I CERTIFY that death occurred on the date above stated; that t affended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
8. AGE: Years Months Days If less than one day 90 4 15hrsmln.	Metalicano de Carolle Glass		
9. Sirthplace Reisterstown Balto Co Md (Town, county, and state) 10. Usual occupation Retired Farmer: 11. Industry or business 12. Hame	Due 10. Le Le Lors Lever Jeans Diher condilion Jeans Luppurhale		
# 14. Maiden name. Clarcy Daniels 15. Sirthplace Carroll County	(Include pregnancy within 8 months of death) Major findings of operations		
18. Informant Mrs Cora Benson Address Cockeys Mill Rd Reisterstown	Antopsy results		
17. Burial Date thereof Jan 14 1948 (Burial cremation, or removal Which?) (month) (day) (year) Cometery or crematory Bethel Cemetery Location Carrollton Md 18. Funeral director Wm Berryman & Sons Address Reisterstown Md	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
19. 1-12- (Date rec'd by registrer) 19. 47 (Date rec'd by registrer) Registrar	Address Reisterstown, W. Date signed /// 48		

TASE TO TEMPORATE ENTROPERS



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00168

CERTIFICATE OF DEATH

Reg. Dist. No. 40

	Reg. Dist. No
1. PLACE OF DEATH: Bathane County 1. 204 62nd. Street	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give resideace of mother)
	Slate Md. County Baltimore
City or town	City or town Baltimore - rural (If outside city or town limits, write RURAL and give nearest town) Street No. 1204 - 62nd. Street (If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JULIA BATTEE	none
4, Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Widow	2D. DATE OF DEATH Jan. 16, 1948 19 21 12.55
6.(b) Name of husband or wife. George Perry Battee 6.(c) If alive, give age years 7. Birth date of	21 I CERTIFY that death occurred on the date above stated; that attended deceased from 19. 39. to 19. 48. 21 I CERTIFY that death occurred on the date above stated; that attended deceased from 19. 48.
deceased (mo., day, yr.) March 1, 1871	
8. AGE: Years Months Days If less than one day 76 10 15	Immedia: cause of death. DURAYION 4 day
Baltimore, Md. 9. Birthpiace	Due to
18. Funeral director HENRY SANDER & SONS, TNC. Address, 19. // Address 19. // Dyte rec'd by registrar) 19. // Dyte rec'd by registrar)	23. SIGNATURE J. S. Pael Rosen M. D. or other Address 2413 & Monumentate Fenel 17/9

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 2altismail	(For newborn infants give residence of mother)
(If ontside city or town limits, write RURAL and give nearest town)	State Mary land county Ballimore
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Oser Park Road
	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
2.22 22	3. (b) Social Security Number
	Dapler none
4.0	MEDICAL CERTIFICATION
male white widows	20. DATE OF DEATH January 21 18 48 at 3 5. M
1 2. 12 14.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife.	
Deceased 8.(c) If alive, give age years	19/0 to Jaux 2 1941
7. Birth date of deceased (mo., day, yr.) Oct. 9-1862	and that I last saw in 2000 alive on 18. 46
8. AGE: Years Months Days If less than one day	Jampediate cause of death DURATION
85 3 12hrsmin.	araus (raseulas Arau)
8. Birthplace Carroll Co. Maryland (Town, county, and etgle)	Due to
10. Usual occupation.	
10. Usual occupation.	Due to
11, Industry or business	
12 Name Lewis Batter	Diher conditions
\$ 13. Birthplace Carvel Co. md.	
	(Include pregnancy within 3 months of death)
14. Maiden name Maggie Crabstu 15. Birthplace, Carrall Co. md	Major findings of operations
	Date of op.
18. informant Lewis Morton Bayter	Antopsy results.
Address 3522 Rolling R.S. Rockdale, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Benial Date thereof January 24, 1948. (Surial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Holy Family Cemeter	
	Where did injury occur?
Location Harrisonvelle , And	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jamle H. newell	Means of Injury Injured at work?
Address @ ikesoille, md.	Q-0000 +
Addiess () Address () Ally	23. SIGNATURE Jan. E. Marlin
19. 1/21 19.48 The Dianting	M. D. or other
(1) to rec'd by construct	Paudallaloum md 1/2/48

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Mary d. Bell	
Temale White urelewed	MEDICAL CERTIFICATION 20. DATE OF DEATH JAMEN STATE OF DEATH JAMEN STATE OF DEATH STATE OF DEAT
B,(b) Name of husband or wife	21. I CERTIFY shat leath occurred on the date above stated; that 1 attended deceased from
7. Birth date of deceased (mo., day, yr.) Jan . 6 . 880	and that I last saw h e v alive on June 14 19 48 Immediate cause of death Castinia fullure DURATION
8. AGE: Years Months Days If less than one day 9. Birthplace Sultinue - Mil (Town, county, and state) 1D. Usual occupation. Menugluyee	Due to Despertance white-
11. Industry or business 12. Name homas McDoniald 13. Birthplace Seltinere Mst 14. Malden name Elizabeth Blakeneyer	Other conditions
16. Informant IIII dillian Illian	Autopsy results
Address 6 Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or cremajogy Defense Paragraph Connection Description	Where did injury occur?
18. Funeral director Sources 11: Blight X. Address 6 009 Harford Food.	njured at work? Injured at work? 23. STORATORE Thomas, Brunum M.D.
19. (Date rec'd by registrar) Registrar	M. D. or other

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Frederick 76. Be	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. 19.15. 21.16.
6.(b) Name of husband or wife Necthon (300 lies) Such that (6.c) If alive, give age 6.5 years 7. Birth date of deceased (mo., day, yr.) Anne 20 - 1876	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day	Thornestelin 2 who
10. Usual occupation	Due to Carehal autounclusis ?
12. Name	Other conditions
14. Malden name	Major findings of operations
Address / 3 Warren / Cafe	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Location Difference Str	Injured at home, farm, Industry, public place (where?)
18. Funeral director. John 9 Connelly Address 416 Eastern fine.	Msans of Injury Injured at work? 23. SIGNATURE Maxwell trued M. D.
19. 1-12-41 19 John & Cornells (Date ree'd by registrar) Registrar	Address 417/ Eastern Cre Date signed 1-12-4.

WITH ONFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH 1/10

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH altimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of husband or wife Mary H. Thompson	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. i. alive on J
9. Birthplace Town, eounty/and state)	Due 10 arters - soloms. 15 yr.
10. Usual occupation	Due to Chr. replaces 15 yr
12. Name Trant 6 Jolian 13. Birthplace 6 2 cil Co Jud 14. Malden napre alfreda Johnson 15. Birthplace 3 alfo pred	Other conditions
16. Informant MTS. F. Welson Bolton	Actopsy results. And a cause to which death should be charged statistically.
Address Owings Mulls Ind 17. Durial (Burial, cremation, or removal, Which?) Date thereof Jan 13 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory St Thomas Location Fassion Forest Ind, M. Osekens Amo	Where did Injury occur?
18. Funeral director Lenny W. Jewsons And Address M. Culloh Dunard Sto	23. SIGNATURE Galman Ochlellean M. D. or other
19. Jake rec'd by registrar) 19. The Configuration of Registrar	Address Pets ville Wel Date signed 1/11/08

How long In above place of death? 68 years Hospital, Institution, or etreet addrees where death occurred:

5. Color or race

Colored

Monihe

9 9. Birihplace Baltimore County, Maryland (Town, county, and state)

How long in hospital or institution?.....

Reltimore

City or town Rural - Sparks
(If outside city or town limits, write RURAL and give nearest town)

Oliver McKinley Britton

5.(b) Name of husband or wife Harriet Irely Britton (deceas

Laborer (retired)

13. Birthplace Baltimore County, Maryland

12. Name John Britton

Days

1. PLACE OF DEATH:

3.(a) FULL NAME

Male

8. AGE:

deceased (mo., day, yr.)

68

11. Industry or bueineee

4. Sax

CERTIFICA

6.(a)Single, married, widowed, or divorced

If lese than one day

Widowed

•	cormation carefully. The death clearly and legibly
MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

9.45.15M	WRITE PLAINLY, is especially
VS A15	PLEASE

14. Maid	n name Martha Johnson	
15. Birth	laceBaltimore County, Maryland	
16. Informani	Henry Britton	
Address	Sparks, Maryland	
Cemeiery o	emation, or removal, Which?) cremaiory	
18. Funeral d	Sparks md.	2
19(Date rec	an. 25, 48Wilher C.Ensor Re	gistı

TE OF DEATH	eg. Diat. No
2. USUAL RESIDENCE (HOME) OF DECEA (For newborn infants give residence of mother)	SED:
state Maryland county Bal	
City or town. Rural -Sparks. (If outside city or town limits, write R	
Sireei No. Quaker Bottom Road	
(If rural, give LOCATIO)N)
2.(a) It veteran, name war	
3. (b)	Social Security Number
MEDICAL CERTIF	ICATION
20. DATE OF DEATH 24 January	19 48 st2:00 A
21. I CERTIFY that death occurred on the date above stated;	
March 19 47 , to	January 19.48
and that I lost saw h . i.m alive on 19 Jar	uary 19.43
Cerebral vascular accid	OURATION
0	
Oue to Hypertension	
Due to Arteriosclerosis	
Other conditions	
(Include pregnancy within 3 months of	death)
Major findings of operations	
_	Date of op
Autopsy results	should be charged statistically.
22. VIOLENCE: It death was due to external causes, fill in	
Accident, suicide, or homicide	
Where did Injury occur?	(County) (State)
Injured at home, farm, industry, public place (where?)	
Masne of Injury Walter T. Kee	omil.
23. SIGNATURE Walter T. Kees, M.	D. M. D. or other
and Address Cockeys ville, Maryland	



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0017444

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside city of town limits, write RUEAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 209-05-576-06
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH. January 1948, 114 A. M.
6,(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. 1. to Jage 19. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18
11. Industry or business 12. Name Duvid Brown 13. Birthplace Penn 14. Maiden name Caleline Muncle 15. Birthplace Penn	Other conditions
18. Informant Address 5 - C Glesswood Rd 17. Sund Date thereot — 3 - 4 (Burial, cremation, or remove). Which?) Cemetery or crematory an Jaune	Autopsy results
t8. Funerat director. A Bruss ag miss. Address 1967 Eader we Rd 19. (Date re'd by registrar) 19. Registrar	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured af work? Address 30 Charlelle Rd Balls 20 Md. D. or other Date signed Jan. 2, 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write, the causes of death clearly and legible

he correct age

PLEASE

VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0017544 Reg. Dist. No.

1. PLACE OF HEATH &	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new or infants give residence of mother)
County	State County County
City or town	City or town.
How long in above place of death?	(If out the first town limits, wete RURAL and give nearest town)
Hospital, Institution, or street address where doubt accurred:	Street No
72/ 200 212	2.(a) If veteran, name war.
How long in hospital or Institution?	3. (b) Social Security Number
John Morgan Br	roson.
4. Sex 5. Color or Large 8. (a) Single, mazerid, widowed, or divorced	MEDICAL CERTIFICATION
male Mule. Stockriver.	20. DATE OF DEATH Jan 14 1948 at 95 M
6.(b) Name of husband or wife Larak.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyear	Jac 4 9 19 4 8 10 per 1 4 1988
7. Birth date of	and that I lasy say in
deceased (mo., day, yr.) 8. AGE: Years Months Days Il loss than ono day	Immediaje cause of death
88 11 24 hrsmin	1 100 Errus accessor: Flesh
Remetre do.	Due lo.
9. Birthplace(Toyn, acunty, agti state)	Due 10
10. Usual occupation	Due to Ortered Selection Age
11. Industry or business Jacobes	
12. Name Brown	Dther conditions
3. Birthplace	(Include pregnancy within 8 months of death)
# 14. Maldon name Eleann Mangan	Major findings of operations.
H 14. Maldon name	Date of op.
16 Informan Mrs Jane Brown	Antoney resolts
Address 72, Earl E & T. M. Py mo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
h 120 4	22. VIOLENCE: If doath was due to external causes, fill in the following:
17. (Burial, cremation, or remay, Wifch?) Date thoroof (month) (day) (year)	Accident, suicide, or homicide
Cemetary or crematory	Where did njurv occur? (City or town) (County) (State)
Location Swym Oak an	Injured at home, farm, Industry, public place (where?)
18. Funoral director Jolla. Q. Manan	Means of Injury Injured at work?
Address 3000 E. Bath. H	a mula and a m. A.
L-CC CCT Colonia	SIGNATURE OM. D. or other
19. (Date rec'd by registrar) Registrar	Address Address Address The Ad

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() () 126 Reg. Diat. No. 30

1. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		State Maryland County	
Clty or town		City or town Mt. Rainiar Maryland (If outside city or town limits, write RURAL and give nearest town) Street No.	
How long In above place of death? 4 VYS.s. 4 MQS.s. 26 d.s.s. Hospital, Institution, or street address where death occurred:			
Spring Grove State Hos		(If rura), give	
How long in hospital or institution?4 yrs. 4	mos. 26 das.	2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Security Number
Elsa Helena Brudin			, 4 1
4. Ser 5. Color or race 8.(a) Single, ma	erried, widowed, or divorced	MEDICAL CE	ERTIFICATION
69 white	Married	20. DATE OF DEATH. Janes	25 19 48 21 5=50 9
6.(b) Name of husband or wife	din	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from
		19	, to
7. Birth date of	alive, give ageyears	and that I fast saw halive on	19
deceased (mo., day, yr.) May 1st, 1878	If less than one day	Immediate cause of death	
o. Aug.		Arteriosclerostic H.	
69 8 27	hrsmln.	Coronary Scleros	is
9. Birthplace		Due to Generalized Arte	riosclerosis
10. Usual occupation Housewife			
11. Industry or business Dome stic		Due to	***************************************
		Other conditions	***************************************
E C 1			***************************************
		(Include pregnancy within 3 r	months of death)
E T. Malaca Management		Major findings of operations	
15. Birthplace Sweden			Date of op
16. Informant Hospital Records		Antoney results As above	
0		PHYSICIAN: Please underline the cause to wi	hich death should be charged statistically.
	A	22. VIOLENCE: If death was due to external cau	uses, fill in the following;
(Burial, cremation, or removed Which?)	(month) (day) (year)	Accident, suicide, or homicide	Date of
LL. allasylla, Na J), (Where did injury occur?(City or town)	(Construit (State)
Constitution of the state of th			
Location Da Disorde		Means of injury	Injured at work?
18. Funeral director Z. Basely	Jonz.	misans or injury	11 deptheo
Address) Enattsville, mo.		Ma Ass.	Kieller St Mal
1	- 11	23. SIGNATURE	M. D. or other
19 Date rec'd by registrar)	Registrar	Address / DIO Reeds	Date signed / - 28-4



**

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. Place OF DEATH: County Baltimore	(For newborn infants give residence of mother)		
	state Maryland county		
City or town			
How long in above place of death? 9 Yrs., 7 Mos., 23 days. Hospital, Institution, or street address where death occurred: Mt. Wilson	City or town Baltimore City (If outside city or town limits, write RURAL and give nesrest town)		
	Street No. 2849 W. Mulberry Street		
Branch, Md. T. B. Sanatorium	(If rural, give LOCATION)		
How long in hospital or institution 9. yrs., 7 mos., 23 days	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Henry W. Bruggeman	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widower	2D. DATE OF DEATH. January 27, 1948 .1:10 Pm		
6.(b) Name of husband or wifeMrsViolaBruggeman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4. 1938 to Jan. 27, 19.48. and that I last saw h. Im. alive on January 27, 19.48.		
deceased (mo., day, yr.) August 29, 1905	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 10 yrs.		
9. BirthplaceBaltimoreMaryland	Due to Tubercle Bacilli		
1D. Usual occupation Chauffeur	Due to		
11, industry or business			
Fred Bruggeman	Other conditions None		
₹ 13. Birthplace Germany	(Include pregnancy within 3 months of death)		
14. Maiden name Lena Wehrenberg	Major findings of operations No operation		
14. Maiden name Lena Wehrenberg	Major Indiugs of operations. Date of op.		
16. Informant Henry W. Bruggeman			
	Autopsy results		
Address2849 W. Mulberry St., Balto., Md. Burial (Burial, cremation, or removal, Which?) Bate thereof. Jan. 30, 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the toilowing; Accident, suicide, or homicide		
Cemetery or crematory St. Paul Cemetery	Whers did Injury occur?		
Location Violetsville, Md.	Injured at home, tarm, industry, public place (where?)		
18. Funeral director Teufel & Son	Means of injury Injured at work?		
Address 5311 Edmondson Ave . Balto. Md.	23. SIGNATUR Stewart Shaffer mio		
19. Jan 27, 19. 48 Earl 7. Wetster (Date rec'd by registrar) (Registrar)	M. D. or other		
(Date rec'd by registrar) Registrar	Address Mt. Wilson, Md. Date signed 1/27/48		



PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00178

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: County		death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md . Couoty City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME			3. (b) Social Security Number
		MARY CATHERINE BU	JRNS
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION Jan. 8, 19 48 at 245
6.(b) Name of husband 7. Birth dale of deceased (mo., day, y		ard J. Burns 6.(e) If allve, give age yea 2. 8, 1861	21. I CERTIFY that death occurred on the date above stated; that Daltended deceased from 19 19 19 19 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
8. AGE: Years 86	Months 1	Days If less than one day Ohrsmiz	Carolinae TEmarchage 3 dog
10. Usual occupation 11. Industry or business 12. Name	None Patrick Cl Ire		Due fo Due fo Dither condillons (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 6 17	13 Colera; urial or removat. Which? New Balt	Date fhereof 1/10/48 (month) (day) (year) Cathedral Cem. timore, Md. CKNEP & SONS	Autopsy results

PLEASE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0()17

1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
City or town	City or town Rosemont	
Hospital, institution, or street address where death occurred: 4014 Baltimore Street	Street No. 4014 Baltimore Street (If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) tf veteran, name war.	
3.(a) FULL NAME Susan M. Calvert	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white married	20. DATE OF DEATH. JAMUARY 29. 19 48 21 10 Page	
6.(6) Name of husband or wife John G. Calvert		
6.(b) Name of husband or wife Odita Go Odity TO	1/2 // 2-6 (4)	
7. Birth date of Townson 20 7070	and that I last saw h 2 alive on 1 2 9 19 48	
deceased (mo., day, yr.) January 20, 10/0	Immediate same of death	
8. AGE: Years Months Days It less than one day	aute Carller Farline /da	
70 0 9min.	Here time Condito	
9. Birthplace	The low forms of a country of the control of the co	
	Of pasenew Kenne Doesne I yr	
1D. Usual occupation. Housewife	Due fo	
11. Industry or business		
12. Name John Deutsch 13. Birthplace Germany	Dther conditions	
13. Birthplace Germany	(Include pregnancy within 8 months of death)	
14. Maiden name Susan Hinterlang 15. Birthplace Germany 16. Informant Dolores Taras	Major findings of operations	
E 15 Birthaloca Carrier nor	Major findings of operations. Date of op.	
16 Intermant Dolores Taras	Autopsy results.	
16. Informant	PHYSICIAN: Please underfine the cause to which death should be charged statistically.	
Address 4014 Baltimore Street, Rosemont	22, VIOLENCE: It death was due to external causes, fill in the following:	
17. burial Date thereot 2/2/48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Meadow Ridge	Where did injury occur? (City or town) (County) (State)	
Location Howard County, Maryland	tnjured at home, farm Industry, public place (where?)	
18. Funeral director Wm. Cook, Inc.	Msens of injury Injured at work?	
Address 1217 St. Paul Street	1 Deal of Laure with men	
19. 1-31 19 48 a. 21. Widnest - Registrar) Registrar	23. SIGNATURE M. D. or other Address 9 W. D. or other Address 9 W. Date signed 1/30/1	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

30 Reg. Diat. No.....

1. PLACE OF DEATH: County 315 Ingleside Ave City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 Months. Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME HENRY K. CAMMANN	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced W Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH 9 19 48 91 6 14 M
8.(b) Name of husband or wife	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18
8. AGE: Years Months Days If less than one day	Myrodute 243
8. Sirthplace	Due to
14. Malden name Mary A. Ashton 15. Sirthplace Ma ryland 16. Informant John S. Cammann	Autopsy results
Address 1362 Pentwood Rd. Removal (Burial, cremation, or removal, Which?) Meadow FarmBurial Plot Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Glen Allen, Va. 18. Funeral director WM. J. TICKNER & SONS Address North & Pa. Aves., Balto., Md. 19. J.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Address

PLAINLY, vis especially WRIT PLEASE A15 SA

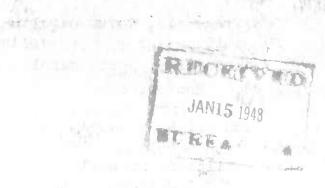
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00181

CEDTICICATE OF DEATH

CERTIFICAT	Reg. Diat. No32
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Howard Co. City or town Ellicott City (If outside city or town limits, write RORAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.
3.(a) FULL NAME Mrs. Garland Campbell	3. (b) Social Security Number # Unknown
Female White Married Widowed, or divorced	MEDICAL CERTIFICATION P 20. DATE OF DEATH
6.(6) Name of husband or wifeMrNelsonCampbell 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 29 10 23 hrsmin. 9. BirthplaceJacksonvilleNorthCarolina 10. Usual occupationHousewife 11. Industry or business E 12. NameJohn Arthur Y 13. Birthplace North Carolina	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 17, 18.45 to Jan. 8, 19.48 and that I last saw h.e.r. alive on January 8, 19.48 Immediate cause of death Pulmonary Tuberculosis 62 yrs Due to Tubercle Bacilli Due to None (Include pregnancy within 3 months of death)
14. Maiden name Mildred Marshall 15. Birihplace North Carolina 16. Informant Mrs. Garland Campbell Address Ellicott City, Howard Co., Md.	Major findings of operations
Date thereof. Jan. 11, 1948. (Burial, cremation, or removal. Which?) Cemetery or crematory. Oak Grove Cemetery. Location Glen Wood, Howard Co., Maryland. 18. Funeral director. Easton & Sons. Address Ellicott City, Md. 19. Jan. 8, 1948. (Date ree'd by registrar). Date thereof. Jan. 11, 1948. (month) (day) (year) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide



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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH Reg. Dig

			and a			
Reg.	Di	st.	No	 3	/	

1. PLACE OF DEATH: County Balto			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
		imits, write RURAL and give nearest town)	State Md. County Balto
(If	outside city or town	imits, write RURAL and give nearest town)	City or town Randallstown (If outside city or town limits, write RURAL and give nearest town)
How long in above plac	e of death? r street address where	1 Month	(If outside city or town limits, write KUKAL and give nearest town)
nospital, institution, o	1 Street address where	acati vousiou.	Street No
How long In hospital o	or Institution?		2.(a) If veteran, name war
3. (a) FULL NAM			3. (b) Social Security Number
	ŀ	Howard Williams Cass	ell
4. Sex	5. Cotor or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	White	Widowed	2D, DATE OF DEATH
E (h) Nama at huchand	or wite	cnown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
			Dec. 15 194) 10 20 19 UK
7. Birth date of			and that I last saw here alive on 19.46
deceased (mo., day.		20,1867	DURATION DURATION
8. AGE: Year	rs Months	Days It less than one day	Corenehymalous Tresteritis
80	10	11min.	
9. Birthplace	Baltimore	City county, end state)	Due to
	None		
			Due to
11. Industry or busine			
12. Name		sey Cassell	Other conditions
	Baltimo	ore City	(Include pregnoncy within 3 months of death)
14. Maiden name	Esther	Louisa Burke	
E 14. manuell hanne		ore City	Major fiediogs of operations
			Bate of op.
16. Intermant	. Barry Ca	asell	Autopsy resolts
Address Br	ooklandvi	ille.Md.	PHYStCIAN: Please onderline the caose to which death should be charged statistically.
			22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, crematio	ial on, or removal. Which	Date Ihereot Jan. 3, 1947 (month) (day) (year)	Accident, suicide, or homicide
Complety of erama	Druid	Ridge	Whera did injury occur?
			Injured at home, farm, industry, public place (where?)
			Means of Injury Injured at work?
		ie & Sons	Q 0-50 1
Address R	eistersto	own, Md.	23. SIGNATURE Pom E. Marty
	1948	Day & Martine	M. D. or other
19. (Date rec'd by r	egistror)	Registre	Address and allowers Date signed / 40



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

Male White Married 6.(a) Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wife Mrs. A. Louise Cassell 6.(c) If alive, give age 64 years 7. Birth date of deceased (mo., day, yr.) July 30, 1881 8. AGE: Years Months Days If less than one day 66 5 23 hrs. min. MEDICAL CERTIFICATION 20. DATE OF DEATH. January 22, 21. I CERTIFY that death occurred on the date above stated; the state of the stat	RAL and give nearest town) Balto , Md. Social Security Number
Male White Married 5.(6) Name of husband or wife Mrs. A. Louise Cassell 6.(6) Hame of husband or wife Mrs. A. Louise Cassell 7. Birth date of deceased (mo., day, yr.) 6.(c) Hallve, give age 64. years deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 66 5 23 hrs. min.	8-10-6698
6.(b) Name of husband or wife Mrs. A. Louise Cassell 6.(c) It alive, give age 64 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Pulmonary Tuberculos	CATION
8. AGE: Years Months Days If less than one day 6.(6) Name of husband or wife Mrs. A. Louise Cassell 5.(c) If allive, give age 64. Years 6.(c) If allive, give age 64. Years 1. Birth date of deceased (mo., day, yr.) 6.(c) If allive, give age 64. Years 1. January 31, 19. 46, to and that I last saw h. Im. allive on January. 1. Immediate cause of death. Pulmonary Tuberculos	19.48 - 26:20 P
8. AGE: Years Months Bays If less than one day Pulmonary Tuberculos	Jan. 22, 19 48
	$2\frac{1}{2}$ yr
10. Usual occupation	
12. Name Jacob H. Cassell 13. Birthplace Baltimore, Maryland (Include pregnancy within 8 months of december 1)	death)
14. Malden name Josephine Anderson 15. Birthplace Baltimore, Maryland 16. Informant John S. Cassell Actopsy resofts	
PHYSICIAN: Please underline the caose to which death s	should be charged statistically.
Address 3101 St. Paul St., Balto., Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Lorraine Cemetery Md. 22. VIOLENCE: If death was due to external causes, fill in the final content of the content	Date of
Location 6 F. Franklin St., Balto., Md. tnjured at home, farm, industry, public place (where?)	
	njured at work?
Address Pa. & North Aves. Balto. Md. 19. Jan. 22, 1948 Call 7 Western Registrar Address. Mt. Wilson, Md.	

	218-10-66	98
MEDICAL CE	RTIFICATION	
o. DATE OF DEATH January 2.	219.48	.6:20 Pu
1. I CERTIFY that death occurred on the date abov January 31, 19	e stated; that I attended dece 46, to Jan 2	2.31948
Pulmonary Tuber	culosis	DURATION 2½ yrs
Tubercle Bacil		***************************************
ue to		
ther conditions Myocardiac	Insufficien	су
(Include pregnancy within 8 m		
otopsy resofts	ich death should be charged	statistically.
2. VIOLENCE: If death was due to external caus	es, fill in the following;	
ocident, suicide, or hamicide	Date of	
there did injury occur?(City or town)	(County)	(State)
jured at home, farm, Industry, public place (wh	ere?)	
leans of Injury	Injured at work?	
3. SIGNATURE Stewarts	Shaffe M. D.	v m w,

BINDING

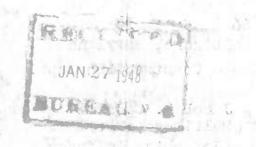
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MARGIN

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to the control of

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: COLOR	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County DO TO	State MA. county Basto
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or etreet address where death occurred:	street No. 6905 Linden Ave
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Momas J. Ch	1arvat 1214-26-8596
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. 3 19.48 at 11.4 M
6.(b) Name of husband or witeA.h.h.a	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) thalive, give age 6.7 years	GU 1940, to 1040, 1043 1194
7. Rirth date of	and that I last saw h Learner alive on December 3
deceased (mo., day, yr.) 10 N s 1886 8. AGE: Years Months Days It less than one day	Immediate cause of death
17 7 25 min.	Correspondence Manda Caldella della
Rolle	Ca. O U P. Henry da -
9. Birthplace (Town county, and state)	Due to Carling - Variable Hygerferend - 7 mars
10. Usual occupation. Ret I red	Due to Oslands was 7
11. Industry or business	
# 12. Name Soseph Charvat	Other conditions
\$ 13. Birthplace CZechoslovaKia	
# 14. Malden name. Max	(Include pregnancy within 3 months of death)
	Major findings ol operations.
A	Date of op.
16. Informant Anna M. Chay Vat	Autopsy results
Address 6905 Linden Ave	
(Burial, cremation, or removal. Which?) Bate thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory. Holy Medalmar	Where did injury occur? (City or town) (County) (State)
Location 4300 Belain Pd	tnjured at home, tarm, industry, public place (where?)
18. Funeral director Dippe Byos	Meens of Injury Injured at work?
Address 7110 Balair Rd	mi 1 1 Day 1 m. D.
Del a con established to	23. SIGHATURE M. D. or other
(Dato ree'd by registrar) 19 48 Registrar	Address / M. Que les Date signed 1/31/48

2411 N. Charles St., Baltimore

932

00185 43 Reg. Dist. No. 43

CERTIFICATE OF DEATH

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Baltimore		State Md. County Balto.		
City or town		City or town Overles		
How long in above place of death?	and be a conversely			
Hospital, institution, or street address where d	Ave.	Street No. 100 W. Overl	ee Ave.	
How long in hospital or institution?		2.(a) It veteran, name war		
3. (a) FULL NAME				Number
EMMA M. C				
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL (CERTIFICATION	
female white	married	20. DATE OF DEATH January 7	th, 1948	at 12:45D
s (b) Name of huckand or wife Robe	rt J. Chesney	21. I CERTIFY That death occurred on the date a		
		June (of 1		
7. Right date of		and thal I last saw halive on		19
deceased (mo., day, yr.) November	Days I fless than one day	Immediate cause of death		DURATION
73 1	25min.	Myaard	- almostle	2 Lene
				7
9. BirthplaceBalto	county, and state)	Due to Celebral 14	works	Z'm nevi
	fe		- 1	The May
11. Industry or business		Que to.	cheroser	2420
E 12 Name Thomas Bul	linger	Dither conditions		
13. Birthplace N.J.				
El cheno	e Burgan	(Include pregnancy within		
E 14. maiden name	le d	Major fiediogs of operations		
El 15. Birthplace Dalto. U	O., MQ.			
		Actopsy resolts	which death should be charged	statistically.
Address 100 W. OVE	orlea Ave.	22. VIOLENCE: If death was due to external		
17. burial (Burial, cremstion, or removal. Which?)	Date thereof. Jan. 10, 1948	Accident, suicide, or homicide		
	ne Park	Where did injury occur?(City or town		
	d.	Injured at home, farm, industry, public place		
. /		Means of Injury	Injured at work?	
18. Funeral director		841	×HI	
Address 7401 Belair	noad .	23. SIGNATURE O. MCC	Wycur	
19. Jan - 8 19 47	Apro 9. S. Reiferila	I. IW. Drule	M. D. o	or other



The

WITH UNFADING INK. Every item of information should be carefully supplied MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: (a) Baltimore City, Maryland	1456	2. USUAL RESIDENCE OF DECEASED:
(b) Street address	000	(a) State Md. (b) County
	and Electric Co.	(c) City or town Turner Station
prop	erty-Turner Sta.	(If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst.	(uve mos or days)	(d) Street No. 107 Polakki Street (If rural give location)
		(e) Citizen of foreign country? (Yes or No)
(e) Length of stay in Baltimore (yrs.,	mos., or days)	If yes, name country
3 (a) FULL NAME	BERNARD C	CLapp
3 (b) If veteran, name war	3 (c) Social Security Account	MEDICAL CERTIFICATION
	No.	20. DATE OF DEATH January 2 19 48 at 8 A M
	Single, warried, widowed, or reed.	21. I certify that I took charge of the remains described above, held an
(b) Name of husband or wife		Autopsy thereon and from the evidence obtained
6 (c)	If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
. Birth date of deceased (mo., day, y	r.) 8-15-26	to His death on the day stated above, and death in my
3. AGE: Years Months Days	If less than one day	opinion resulted from: natural causes , accident , suicide
28 4 18	hr. min.	homicide [], undetermined [] and that the causes of death were
9. Birthplace Turners	Sta. Balto. Co. Ind	IMMEDIATE CAUSE OF DEATH acute alcoholis
7. Diffinplace (Town,	county, and state)	Immediate Cross of Beating
0. Usual Occupation Une	sloved	***************************************
11. Industry or business		***************************************
12. Name Claude	Clapp	Due to
13. Birthplace M. C.		
	ann flood	Other Conditions
14. Maiden Name Willie 15. Birthplace Virgi	nia	(Include pregnancy within 3 months of death)
6 (a) Informant Edward	Clapp	22. If an external cause was primary or contributing cause of
(b) Address 539 So. la	ca St.	death, fill in the following:
7 (a) Burial (b) Da (Burial, cremation, or removal)		(a) Date of injury
A ,	(month) (day) (year)	(b) Where did injury occur?
(c) Cemetery or crematory Sal	D AL	(c) Did injury occur at home, on farm, industrial place, in public
Location Tredrick	and sallom	place? While at work?
8 (a) Funeral director Char	les K. Law	(d) Means of injury
(b) Address 802 ma	dison ane.	23. Signature Carl L Myling
9 (a) 5 100 (b) (Date rec'd by registrar)	W. Hedrich	Date signed 1-2-48 Medical Examiner
VS 151	A	

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No. 30
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in this give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Florence E. E.	Cark
4. Sex 5. Color or race 6.(a)Single, married, widowed, pr divorced Tempole Fifth Wardow 6.(b) Name of husband or wife Prestar Clark	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth date of S.(c) If alive, give age years	and that I last saw h. Talive on Jan 19 48
8. AGE: Year Months Days It less than one day 59 6 —hrsmin.	Immediate cause of death DURATION Duration Duration
9. Birthplace (Town, county, and state) 10. Usual occupation. Howe Wife	Due fo. 1 deco.
11. Industry or business	Due 10
12. Name Thomas 13. Birthplace For Known	Diher conditions
	(Include pregnancy within 3 months of death)
HI 14. Malden name Margaret and Jones 15. Birthplace Rocks mad	Major findings of operations. Date of op.
16. Informant Cleffor Tewas	Autopsy results
Objective of Company o	22, VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Location Feleval Hell Harford to ma	
18. Funeral director Maritim Security	Meens of Injury Injured at work?
Address prettaville mid	23. SIGNATURE mu a Steen in 24.0
19. Date rec'd by registrar) 19. Registrar	1229 Quel IL Treeing



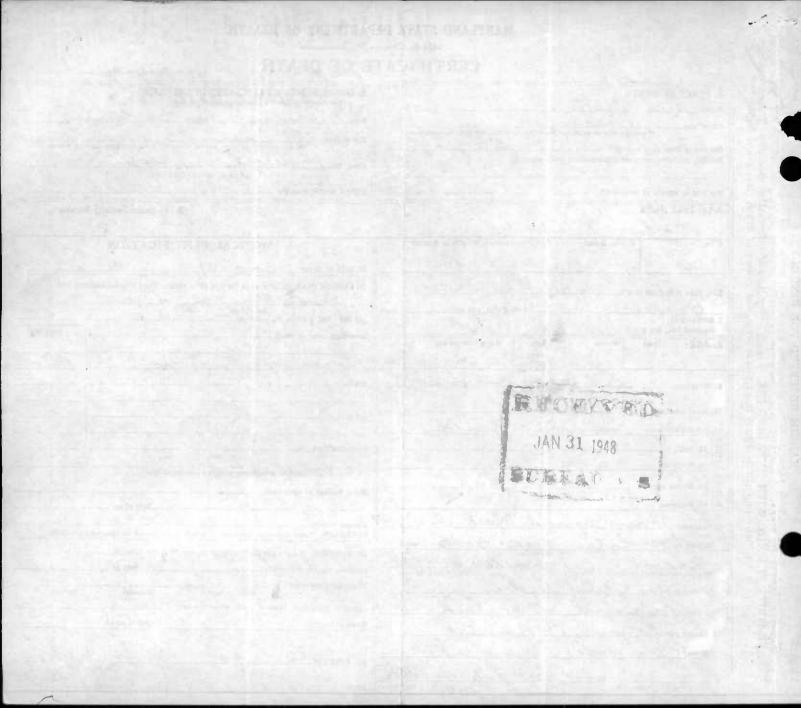
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Daltura	State Many Land County Baltoning
City or town	100
How long in above place of death?	(Nontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 13 Walker act
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John R. Elarh	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widower	20. DATE OF DEATH
8.(6) Name of husband or wife Mary and Clark	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	184 5 10 Jan 29 1945
6.(c) If allve, give age year	and that I last saw hairs allow on January 29 19.46.
mased (mo., day, yr.) 10V, 12-1864	Immediato canse ol death
E. AGE: Years Months Days If less than one day	
83 2 /7hrsmlr	
Birthplace Woodensburg. maryland	Due to.
(Town, county, and state)	
10. Usual occupation. Ketized	Due to.
11. Industry or business contractor of Brulder	
12. Name. Llanks	- Other conditions
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
18. Informant John Raymond Clark (SON)	Antopsy results.
Address 2319 Entaro place. Balto. Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof, 701, 3/1/(year)	Accident, suicide, or homicide
Cemetery or crematory truing Tidgs	Where did injury occur?
0:1. : 00 mg. 0. 1	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
1. "ineral directory was to A ' M Swall	HOSING OF THE PARTY.
Add. Peterwelle maryland	- 23 SIGNATURE Dr. D. D. Caples med. Exa
16 0 BCY 1	23, SIGNATURE M. D. or other
19.1 - 36 - 18 48 00 6 % Mehol	D The target 2 1 1 29-148
(Date rec'd by registrar) Registra	ar Address Laboration Address Date eighed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legal VS A15



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE NS

PLAINLY, V is especially i

WRITE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00188

M. D. or other

Address VAH FT. Howard, Md. Date signed

			CERTIFICA	TE OF DEATH	Reg. Dist. No	44
1. PLACE OF DE. County. Balti City or town. For (If of How long in above place Hospital, institution, or Vets. Adm. How long in hospital or	t Howard, of death? 12 costreet address where Hosp. For	death occurre t Howa	end RURAL and give nearest town) d: urd, Md.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state Maryland Country or town Baltimore (If outside city or town limits street No. 1531 McCulloh St (If rural, give 2.(a) If veteran, name war. WW-L	nty	arest town)
3. (a) FULL NAM					3. (b) Social Security	Number
JAMES N.					Unknown	
4. Sex Male	5. Color or race		ie, married, widowed, or divorced lowed	MEDICAL CE	ERTIFICATION	.4:30 A
6.(b) Name of husband 7. Birth date of deceased (mo., day, y		6.	(c) If allve, give ageyears	and that I last saw hallalive on	48 January 17	17 1848 1948
8. AGE: Years		Days 29	if less than one dayhrsmin.	Pulmonary Tuberculosi (all 5 lobes)	s, bilateral	
9. Birthplace	unemploj s es Colbert	red .	state)	Due to		
	Mary Digg Maryland	gs		(Include pregnancy within 3 m		
16. Informant Makedal	ical Recor t Howard,	٢.٧٠٠. و. ١٨٠٠.	ets. Adm. Hosp.	Autupsy results	uch death should be charged	statistically.
Location	t Cate, 18 Hicks Fune	t. B	month) (day) (year) Fowlers Chape, est Gate, Md. Ome (Mrs. Chas. E. orthwest Street	Injured at home, farm, industry, public place (wh	(County) lere?) Injured at work?	(State)
Cemetery or cremato	t Cate, 18 Hicks Fune	t. B	Fowlers Chape est Gate, Md.	Accident, sulcide, or homicide	(County) lere?) Injured at work?	(State)

Registrar



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fur newborn infants give residence of mother)
County. County	State County Vacto
(If outside city ur town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write DERAL and give nearest town)
nospital, institution, of street audiess where uchin occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	2 (b) Social Social No. 1
Colara & Coul	Celian Security Munder
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J TI HESTER	20. DATE OF DEATH Jan - 4 - 19 4 8, 81 M
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
	Jan-9 19,45,10 Jan-4 19,48
7. Birth date of	and that I last saw h. L. Zalive on Jasz 3. 19 7 8.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
F3 4 /	Larrant Diff Start
Odo 1. II	
9. Birthplace (Tayle, county, and state)	Due to
1B. Usual occupation.	Bue to
11. Industry or business	
12. Name Ilefa hegy of Case All	Other conditions Ded Sores
12. Name Alfhalas Assault Assa	matistisis
14. Maiden name Slaubet Beaules	(Include pregnancy within 8 months of death)
14. Maiden name 11. ADST Described	Major findings of operations
10:00 116 6.00	Dale of op.
16. Intermated Comments of Base of Comments of the Comments of	PHYSICIAN: Please auderline the cause to which death should be charged statistically.
Address 106 11 Villing Joak	22. VIOLENCE: If death was due to exiercal causes, fill in the following;
(Pooled, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Cashing ale	Where did injury occur?
Location Society MA	Injured at home, farm, industry, public place (where?)
6 000	Means of Injury Injured at work?
18. Funeral director.	100101
Address Albrio Ville Mil	23. SIGNATURE 1. LAM Somson
19. 1/8 1948 Q.W. Hedrich	M. D. or other
(Date rec'd by registrar) Registrar	Address



If less than one day

Muer Cou Co

1. PLACE OF DEATH:

How long in hospital or institution?...

3. (a) FULL NAME

7. Birth date of deceased (mo., day, y

1D. Usual occupation.

11. Industry or business 12. Name..... 13. Birthplace

2 15. Birthplace

8. AGE:

Hospital, Institution, or street address where death occurred:

JAMES

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: rite RURAL and give nearest town)

3. (b) Social Security Number

eased from

Reg. Dist. No.

215-09-4330

O. DATE OF DEATH	yan	16	19.4.Q
1. I CERTIFY that death occ	urred on the date above	ve stated; that I	attended dec
ind That 1 last saw h	19	to	7
ind That I last saw h	alive on		<i>y</i> :

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, sulcide, or homicide.....

Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?)

Meens of injury wed a work?

BINDING RESERVED PLAINLY is especial WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

942

CERTIFICATE OF DEATH

I. PLACE OF DEATH: County County City or town Imits, write RURAL and give nearest town) How long in above place of death? County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE OF DEATH 9 Jan 1948 at 7:45 P. M
6.(b) Name of husband or wife. M. G. Sa. Ce. Commun. 8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2
8. AGE: Years Months Days It less than one day 7/ /O 7/6	Immediate cause of death DURATION DEATH Shirt Sandars California
9. Birthplace Sikes ville Baltimore - 2nd. (Town, consty, and state) 10. Usual occupation Bulkslein	Due to Cardiac de companistana pronti
11. Industry or business Contracting 12. Name Covered 13. Birthplace Pikewille, mel	Dither conditions
14. Molden name Gut Gersone Himes 15. Birthplace Baltimore Co., Mid	Major findings of operations. Date of op.
Address Rayres ton Texas	Autopsy results
17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or Crematory	Where did injury occur? (City or town) (County) (State)
18. Funerat director. Dillis Laworeau	trijured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address 4510 Leberty Heights and	Isrust kind Dusa
19. Jan 2 19 45 A. W. Hefrick (Date rec'd by registrar)	23. SIGNATURE M. D. or other ; Address Stivesty Parhway Date signed 7 fan 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

9400

City or town	arkville Baltimore outside city or town i e of death?	imits, write R	Road	(if outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAM					3. (b) Social Securit	ty Number
	Ma	ttie	Gleaves Cox			
4. Sex	5. Color or race	1 2 2	e, married, widowed, or divorced		ERTIFICATION	
female	white	1	married	20. DATE OF DEATH. Januar	y 8th, 18 48	3 at 1. 394. m
	M = ==		c) It alive, give ageyears	21. I CERTIFY that death occurred on the date ab	ove stated; that I strended do 3 & 10. Jan.	eceased from 19.48
8. AGE: Year		Days	If less than one day	Immediate cause of death		
57	9	16	hrsmln.	Coronary occ	// .	
		,	state)	Due to 4th attac	4)	
13. Birthplace	Wm. Henr		ison	Dther conditions		
15. Birthplace	Va	•		Major findings of operations		
16. Informant Mr. Joseph B. Cox Address 7825 Oakleigh Road		Autopsy results				
Buri (Burial, crematio	n or removal Which	Date ther lore lar	eel-10-48 (month) (day) (year) nd Memorial Par	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	
Baltimore, Md. 18. Funeral director. Leonard J. Ruck			ore, Md.	Injured at home, farm, industry, public place (v		
Address 53	Leonard 505 Harfo	ord Ros		23. SIGNATURE	Bacon M. I	M.D. D. or other 18/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Fig correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

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January St., 45



PLAINLY, V

WRITE

PLEASE

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1. PLACE OF DEATH:

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)



How long in above place Hospital, institution, or Vets. Adm	of death? 251 street address where Hosp. F	Days death occurre	d: Ward, Maryland	City or town Baltimore (If outside eity or town limits Street No. 3535 Newland Ro (If rural, give 2.(a) If veleran, name war. WW-L	, write RURAL and give ne	arest town)
3. (a) FULL NAM		ADTEC	CRAMER		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Si	ngle	20. DATE OF DEATH January 6,	10 48	3 2:15 A
6,(b) Name of husband	or wife Sing	le 6.	(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo May 19 19. and that I last saw h 1100 alive on Jam Immediate cause of death	ve stated; that lattended dece 47 to January uary 6,	1948
8. AGE: Year 60	s Months	Days 21	If less than one dayhrsmln.	Cerebral Thrombosis		
10. Usual occupation. 11. Industry or busines 12. Name .J.O.D.	Housema	n	otate)	Due to		
				(Include pregnancy within 3 m		
Address 17 Buria (Burial, cremation	Fort H	loward, Date the	Vets Adm Hosp Maryland red June 9 49 (month) (day) (year) ional Cemetery	Autopsy resultsNoneperformed PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ses, fill in the following;	
Location	Baltimo	re, Ma	ryland	Where did injury occur?(City or town) Injured at home, farm, industry, public place (wi Means of injury		
Address 160	Mamie S	rth Ave	enue, Balto., Md.	23. SIGNATURE DANIEL R. USD. Address	LOS Den IN, M. D. M.D.	or other

PLEASE

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RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. 32

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore		" Montelland	****
City or town		Boltimone Cite	
How long in above place of death?3yrs Hospital, institution, or street address where death	, 6 mos 27 day:		
		Street No. 612 Wildwood Parkway (If rural, give LOCATION)	
Branch, Md.T.B.Sar	6 mos 27 day:	3. 2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security	Number
Miss Marg	garet E. Creamer	705-05-247	8
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White	Single	20. DATE OF DEATH January 9, 19.48	9:15 A
6.(b) Name of husband or wife		June 13, 1944 10 January 9, and that I last saw h.er. alive on January 9,	1948
deceased (mo., day, yr.) June 10	1894	Immediate cause of death	OURATION
8. AGE: Years Months 53	ays If less than one day	Pulmonary Tuberculosis	
9. BirthplaceBaltimoreMa	ryland	Oue to Tubercle Bacilli	
	Clerk	Oue to	***************************************
11. Industry or business		The second second	
12. Name George W. Cre	eamer	Other conditions Tuberculous Enteritis	6 mos
13. Birthplace Baltimore		(Include pregnancy within 3 months of death)	
14. Maiden name Lillian	. Mankin	Majur fiedius of operation	
\$ 15. Birthplace Baltimore	Maryland	Date of op	
16. Informant Margaret E. C	Creamer	Autupsy results	
Address 612 Wildwood Pa		an AVIOLENCE II doub was due to external source fill in the fallowing:	statisticaby.
	ate thereof 1-12-48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Mt. Olive	e Cemetery	Whare did injury occur?	(State)
Location Baltimore, Mai		tnjured at home, farm, Industry, public place (where?)	
18. Funeral director. Edward Tols		Means of Injury Injured at work?	
Address 2359 Washingto		Ad 23 SIGNATURE Stewart & Shaffer	m-19
	£ 177010-6	M. D.	or other
19. Jan. 9, 1948 (Date rec'd by registrar)	Registr	Address Mt. Wilson, Md. Oate signed.	1/9/48

BUNGALO, STEED HOLLY VON ARVIEW American Springer The control of the control of Ministration And April 1840 Later Turney . Washing W. Serlie C. , Francisco The motel. | divising Translation of the last The street and the street

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

BC 00195

Reg. Diat. No.....

V.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Halundle	(For newbopminfants give residence of mother)
City or town	State County
City or town	City or town Scellisson / recurry apts
Hospital, institution, or street, address where death occurred://	(1) outside city or town limits, write RURAL and growncarest town)
Mercy Villa	Street No. (If roral, give LOCATION)
How long in hospital or institution? 3 years	2.(a) if veleran, name war
3.(a) FULL NAME	3.(b) Social Security Number
Evelyn Mich	hie Oromwell
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I Wi widowed	20. DATE OF DEATH. AMARIAN 2 19.4 8 at 4 M
8,(b) Name of husband or wife Nichard Crown well fr	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.3,5 to Jame 2 19.4.8
7. Birth date of	and that I last saw her alive on Susceed 2 1946
deceased (mo., day, yr.) (1) / 86 2	Immediate cause of death DURATION
8. AGE: Years Months Days if less than one day	cerebral Yascular accident 1 hour
805 2 26min.	
9. Birthplace Octers burg Va.	Oue to arterio relevario
(Town, county, and state)	
to. Usual occupation douse wife	
1t, Industry or business	Due to
12 Name VM. Johnson michie	
2/2	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Maiden name.	
14. Maiden name	Major findings of operations.
har Al Journe Pipe.	Oate of op.
16. Informant	Autopsy results
Address Uplong ma	
17 Durial Date thereof Fam 3 1940	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 1200 Cuthland	Whers did injury occur?
Location Salto. Med	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lenny W. Lenkins Amo	Means of injury injured at work?
2.90 111/01/1/1	of . Il think
Address M Willow Pachara She	23. SIGNATURE Trances W. Glucs M. Q.
10 lan 3 10 48 a. W. You driet	M. D. or other
(Nate rec'd by registrer)	2406 St Parel St - Date about 1/2/1/4

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

00196 C Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County /3 a/C/o	M d		
City or town	State County		
	City or town		
How long in above place of death?			
Moseital-Institution, or street address where death occurred:	Street No. 422 Rosebank ave.		
, ,	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Grorge E. Cut	He		
4. Sex 5. Color or race 6.(a) Single; may ried, widowed, or diversed	MEDICAL CERTIFICATION		
male White Widowed	20, DATE DE DEATH Van 15th 1949 at 61		
n.10: P Q. H.S.	21. I CERTIFY that death occurred on the date above stated; that I attended beceased from		
6.(b) Name of husband or wife			
7. Birth date of See 24 to 1971	and that I last saw halive on		
deceased (mo., day, yr.) R A.C.F. Years Months Days If less than one day	Immediate cause of death DURATION		
8. AGE: 10 1 1 1 1			
// /hrsmin.	acute Carden failer		
Balto, Md.	Que to		
9. Birthplace (Town, county, and state)			
10. Usual occupation Retired			
	Due to.		
11. Industry or business) ale 6 2man	Melsechiles		
# 12. Name 5202 G2 4777 C	Other conditions		
13. Birthplace England			
	(Include pregnancy within 3 months of death)		
14. Maiden name Cara Towson	Major findings of operations		
14. Maiden name 15. Birthplace Balto. Md.	Date of op.		
alice P. Shringen	Autopsy resolts		
16. Informant	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
Address 422 Rosebank Clue			
Burial Date thereof 19/48	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, osemation, os	Accident, suicide, or homicide		
Cemetery or cromotory /3400	Where did Injury occur?		
" md.	Injured at home, farm, Industry, public place (where?)		
Location On the Dance	Msans of Injury Injured at work?		
18. Funeral director Vellagu Cool Sue:	es No. elles		
Address /217 St. Paul ST.	Statort Hand men		
1. 1.0 11.11.0	23. SIGNATURE M., D. or other		
19. A Garage	Adjoes 010 Leach all Date signed 1-17-4		

VS A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in any give residence of mother)
County A Hall All	State County 2
(If outside city or town limits, write RURAL and give nearest town)	Cal Packi Tille
How long In above place of death?	(if outside city or town bents, write RURAL and give nearest town)
nuspital, institution, of street address where death occurred.	Street No. (IT rural, give LOCATION)
How long in hospital or institution?	2.(σ) If veleran, name war
3. (a) FULL NAME Hester Conn	Dailey 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Siggle, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Cof a Willer	2D. DATE DF DEATH January 109 1948 at 8.30 M
8.(b) Name of husband or wife John R. Davilly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	(DU-18 1947, 10 flass 10 1948
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. A. alive on
8. AGE: Years Months Days If less than one day	
70 11 9hrsmin.	Mutral Insufficience ?
9. Birthplace TON TONG COT 97/61	Due 10.
(Town, county, and state)	(Irlesios clustic
10. Usual occupation.	Due to Hart Lussase.
11. Industry or business	
12. Name A CALLED STATE OF THE	Other conditions
# Dutter Par well	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
El 15. Birthplace ACM OVER COM	Date of op
16. Informant	Autopsy results
Address 40 8 1624(0) With	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Whitph?)	Accident, suicide, or homicide
Cemetery or crematory Alle Lawyland	Where did injury occur? (City or town) (County) (State)
Location Estimate Mid	Injured at home, farm, Industry, public place (where?)
n. 11-4. P.71. 11.	Means of Injury Injured at work?
18. Funeral director. Man	EF Maloney
Address 3 2 2 N. Schroelle St.	23. SIGNATURE Q. T. Maloney M. D. or other
19. (Date frot dby registrar) (Date frot dby registrar) Registrar	Address Calanaville M. Bate signed 1/48

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00199

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County
City or town
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?
How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? Street No. L.
How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 6. Color or long in hospital That Market 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day MEDICAL CERTIFICATION 20. DATE DF DEATH A. C. Sex 19. 4. 2. D. P. Sex 19. 4. 5. Color or race 20. DATE DF DEATH 21. I CERTIFICATION 22. I Lead or race 22. I Lead or race 23. Color or race 24. Sex or race 25. Color or race 26. Color or race 27. I CERTIFICATION 28. A Color or race 29. Color or race 20. DATE DF DEATH 20. DATE DF DEATH 21. I CERTIFICATION 21. I CERTIFICATION 21. I CERTIFICA
How long In hospital or Institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single. married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH. 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.) 8. AGE: Years Mosths Days It less than one day 11. I less than one day DURATION DURATION 12. (a) It veteran, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH. 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.) 19. 4. 8. AGE: Years Mosths Days It less than one day DURATION
3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single. married, widowed, or divorced MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. DATE DF DEATH. Jan. 9. 18. 48. at 4:20.7. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2. 19. 48. at 4. 20.7. T. Birth date of deceased (mo., day, yr.) Sept. 17 - 1883 B. AGE: Years Mooths Days It less than one day MEDICAL CERTIFICATION 20. DATE DF DEATH. Jan. 9. 18. 48. at 4:20.7. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 19. 48. and that I last saw h. 2. Zelive on 1
4. Sex 5. Color or race 6.7a) Single, married, widowed, or divorced Debrack White Married 6.(b) Name of husband or wife fan De Glast 7. Birth date of deceased (mo., day, yr.) Slept - 7 - 883 8. AGE: Years Mosths Days It less than one day Description of divorced MEDICAL CERTIFICATION 20. DATE DF DEATH. Jan 9 18 48 21 4:207. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 18 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 48 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21 19 21
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Demale White Married 6. (b) Name of husband or wife and De Start 7. Birth date of deceased (mo., day, yr.) Sept-7-883 8. AGE: Years Mogths Days It less than one day MEDICAL CERTIFICATION 20. DATE DF DEATH. Jan 9 18. 48. at 4:20.7. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 48. 22. DATE DF DEATH. Jan 9 18. 48. at 4:20.7. 23. AGE: Years Mogths Days It less than one day DURATION
Semale White Married 6.(b) Name of husband or wife Jan De List 7. Birth date of deceased (mo., day, yr.) Sept-17-1883 8. AGE: Years Moths Days It less than one day Dente DF DEATH. Jan 9 18.48 at 4:207. 20. DATE DF DEATH. Jan 9 18.48 at 4:207. 21. I CERTIFY that death occurred on the date above stated; thal I attended deceased from 18.48 at 4:207. 21. I CERTIFY that death occurred on the date above stated; thal I attended deceased from 18.48 at 4:207. 22. DATE DF DEATH. Jan 9 18.48 at 4:207. 23. DEATH STATE OF DEATH DEATH STATE OF THE ST
8. (b) Name of husband or wife
8. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) Slept - 7 - 883 8. AGE: Years Mosths Days It less than one day Duration Duration
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day DURATION DURATION
8. AGE: Years Moths Days It less than one day Reservome
Le 2 22
By Joseph J. Joseph J. Joseph
9. Birthplace (Town, county, and state)
10. Usual occupation Trousewife
Due to
11. Industry or business 12. Hame Edward a. Witcher Differ conditions
Explanation England
14. Maiden name Mary ann Loft erro Major findings of operations Concern Breast Date of op.
16. Informant Jan Da Grast Autopsy results. None PHYSICIAN: Please underline the cause to which death should be charged statistically.
www. I smond row W Wellwood. Hul- 28
17. Date thereof (month) (day) (year) Accident, suicide, or homicide
Date increoi. Accident, suicide, or homicide. Date of
(Burlai, cremation, or remoral, Which?) (month) (day) (year)
(Burlai, cremation, or remoral, Which?) Cemetery or crematory (City or town) (County) (State)
Cemetery or crematory (City or town) (County) (State) Location County (State)
Cemetery or crematory of this lesselles Where did injury occur? (City or town) (County) (State) Location G. Chart Data (Mark) (
Cemetery or crematory of this less less less less less less less le
Cemetery or crematory of this lesselles Where did injury occur? (City or town) (County) (State) Location G. Chart Data (Mark) (



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1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

county Baltimore	(For newborn infants give residence of mother)		
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Mary Land County		
	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Street No. 417 F. Hamburg St.		
Vets. Adm. Hospital, Fort Howard, Md.	Street No. 417 E Hamburg St (If rural, give LOCATION)		
How long to hospital or Institution?13Days	2.(a) If veteran, name war. Spanish-American War		
3. (a) FULL NAME	3. (b) Social Security Number Unknown		
CHARLES T. DEHN 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH		
Doggerad	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	December 28 1947 to Jan. 10 19 48		
7. Birth date of	and that I last eaw himative onJanuary 10		
deceased (mo., day, yr.) February 3, 1869	Immediate cause of death PULMONARY TRC. BILATER DURATION		
8. AGE: Yeare Months Days If less than one day	AL. FAR ADVANCED. 2 yrs.		
78 11 7 min.			
9. BirthplaceBaltimore, Maryland (Town, county, and state)	Due to		
10. Usual occupationCarpenter	Due to		
11. Industry or business	Due 10		
量 12. Name Deceased (name unknown)	Dither conditions		
13. Birthplace Baltimore, Maryland			
E S S S S S S S S S S S S S S S S S S S	(Include pregnancy within 3 months of death)		
14. Maiden nameCoraTrumbow	Major findings of operations.		
14. Maiden nameCoraTrumbow	Date of op.		
16. Informant Clinical Records, Wets Adm. Hosp.	Antopsy results		
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Burial, cremation, or removal, Which?) Date thereof 1-13-1948 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory			
	Where did Injury accur?		
Location a. a. Co. Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Flynn + Fleming	Meene of Injury Injured at work?		
Address 1426 Light St.	P.O. anduson		
12: 15 0 41 0	23. SIGNATURE P. O. ANDERSON, M. D. VAH, FORT HOWARD, MARYLAND M. D. or other		
19 Jan 12 19 48 Q W. Meeding	Address		

MARGIN RESERVED FOR BINDING

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00201 eg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dollmore	(For newborn infants give residence of mother)
City or town	State Maryland County Balling
	City or town
How long in above place of death?	(If outside city or town limits, write RUBAL and give nearest town)
	Street No. 2900 Centragloania ave.
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	A A A A A A A A A A A A A A A A A A A
S. (a) Poll Rame Edward	3. (b) Social Security Number 212-07-9890
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Make Shite Massed	
and the first	20. DATE OF DEATH January 19.46, at .3.15 Am
B.(b) Name of husband or wife. Thennee T. Wellick	21. I CERTIFY that doubt occurred on the databove stated; that I attended deceased from
	10 10 19 4 7 to 3 Ch 19 10 4 X
7. Birth date of	and that I last saw h. Ualive on
deceased (mo., day, yr.) 8 A.G.E. Years Months Days if less than one day	Immediate cause of death
	Corellal Danmuter Zday
60 4 9min,	
9. Birthplace Ballimore Maryland	Due to
(Town sunty and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Tobert & Richich	Dither conditions
12. Name Tobert Muelich 13. Birthplace Manufand	Wher conditions Vielettes Vielettes 2 years
# Stillie Willand	(Include pregnancy within 3 months of death)
14. Malden name. 15. Birthplace Manufand	Major findings of operations.
El 15. Birthplace	A
16. Informant Mrs. Minfrie T. Wielie	Autopsy results
Address 2 900 (tennsulvania ave.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Radio Company	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Chender of garieflas	Where did injury occur?
Cemetery or crematory	
Location Thorne aunty Maryland.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lingue T. Schwab	Means of injury Injured at work?
for one and	(V) (QV) () (Q)
Address 2101 Treasuck ave Ballo.	23. SIGNATURE JULIANA MARIE
19 1/20 1068 approximant	M. D. of other QUE
(Date rec'd by registrar) Registrar	Address Date signed

H WIFADING INK. Supply every item of information carefully. The correct reparted: Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATHS: 1+	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Pal Pol	State may county Salto
(If outside city or town fimits, write RURAL and give nearest town)	## E-##
How long in above place of death?	(If outside city or town limits, write RUBAL and give nearest town)
Hospital, Institution, or street address where death eccurred:	Street Ho. 13/3 Section ars
1313 Second, Rd.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) ti veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry Clarence &	tonney 171-18-7460
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
24 21.	20. DATE OF DEATH Jan . 13 1948 at 3 45 Am
Restrice Presumed	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
6.(b) Name of husband or wife	February 1847, 10 Jan. 12 1848
7. Birth date of	and that t last saw h and alive on family 2 19 48
7. Birth date of deceased (mo., day, yr.) Dec 26 - 1884	Immediate cause of death
8. AGE: Years Months Days It less than one day	6 24.0
63 0 17min.	John January Continues
S. I. a. Da	11. 4. 4. 4.
9. Birthplace	Oue to 17 13 and 12
Cartontia	
10. Usual occupation	Oue to The The
11. Industry or business	violater /
12. Hame Journey 13. Birthplace	Other conditions.
¥ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Ellen Unic	
14. Maiden name Ellen Unit	Major findings of operations
5	Date of op.
16. Informant Mos. Stace 6. Horoney	Autopsy results
Address / 3/3 Second CUE.	
1-15-48	22. VIOLENCE: It death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Toreston The	Where did injury occur? (City or town) (County) (State)
Fradanski Rd	Injured at home, farm, industry, public place (where?)
Location	Masns of injury Injured at work?
18. Funeral director John D. Concelly	1 1 1
Address 48 Eastern Cic.	the soul My Di My
12 101 60	23. SIGNATURE M. D. or other
19. (Date see'd by registrer) Registrer	1 see 42/2 Eastern are pate signed 1/13/4
(Date rec'd by registrar) Registrar	Addicas



AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIAN'S should state act statement of OCCUPA.

Exact statement of

mation should be carefully supplied.

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00203
1. PLACE OF DEATH	920
County Balton	Registration Dist. No.
nata ali lilla	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
1 20 ach Que 60, V.	Us. now long in 0.5.11 of foleigh offth:
2. FULL NAME Y COSTON	
(a) Residence: No. 168 William Club (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOB, OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Col. OR, DIVORCED (Spire the word)	(Month) (Day)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	100 Vo 1947, 10 Van 6 1948
6. DATE OF BIRTH (month, day, and year) LUNE 97. 1869	I last saw h A sublive on Jan 11 15 1944; death is seid
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 17 Pm.
78 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows
8 Trade profession or particular	were estationed Data of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Terrodelerow
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	The pertention
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) St. Illary's Con Alley	Other Contributory Causes of Importence:
(State or country)	
14. BIRTHPLACE (city or town) St. May 5 Cor Mid.	
4. BIRTHPLACE (city or town) St. 11 aug 3 Co 3 11 G.	Neme of operation
(State or country)	What test confirmed diegnosis? Was there en au'opsy?
II 15. MAIDEN NAME JOINGIC COSOLIL CLAS	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Correct Cor Meff	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CON STREET THE GOOD OF THE STREET OF ANT.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pleca L USUFFI STA GADated 190.	Nature of injury
19. UNDERTAKER Mrs. Rate R. Williams	24. Was disease or injury in any was related to occupation of deceased?
1101110 Della 11	(Signed) AND ADDINOSE IM. D.
20. FILED 19148, 19 (1. W. Hessier Registrar.	(Address) Eltridge MA
If more blanks are ngeokd, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State "the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Fall 153 Christ March	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The first of the first of	•

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

information carefully. The

Supply every item of ease write the causes

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WRITE

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
State middle Piver	
City or town (11 pusside city or pown limits, write RURAL and give neare	st town)
Street No. 8 51 Harrison Cone (If rural, give LOCATION)	7
2.(a) If veteran, name war	
3. (b) Social Security N	
mell 406-07-6	0991
MEDICAL CERTIFICATION	
20. DATE OF DEATH 1948	1700 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceas	ed from
19, to	19
and that I last saw halive on	19
de mediate cause uf death	DURATION
Cubon Monogide Josson	74 Km
Delumisty Gas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Due to	***************************************
Other conditions	*******************
(Include pregnancy within 3 months of death)	F
Major findings of operations.	
Date of op.	
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged at	atistically.
22. VIOLENCE: If death was ducto external causes, IIII in the following:	3/48=
Accident, suicide, or homicide Quell Date of	\/ J
Where did injury occur? (City or town) (County)	(State)
Injured at home, larm, Industry, public place (where?)	
Meens of Injury URNED ON GAS Injured at work?	no
23 SIGNATURE M BD agrammi	51
23. SIGNATURE Sance Barrier Box	972
Nate signed	111/48

1. PLACE OF DEATH; (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution?... 3. (a) FULL NAME 5. Cojor or race 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: 10. Usual occupation 13. Birthplace Registrar



CERTIFICATE OF DEATH

2.1	UUI	60	0	
	Dist.	N.I.	3/	-
Keg.	Dist.	No		

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County Description: City or town Tourney Tourney (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred: Character Musicing Homes How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Clizabeth Boyd	Fleming 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced Finale While- Single	MEDICAL CERTIFICATION 20. DATE DE DEATH 22 2 19 48 1345 P. N
6.(b) Name of husband or wife Stragle 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Sec - 5 - 1862	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 20. to 22. 19. 48. and that I last saw h
8. AGE: Years Months Days It less than one day 85 / 17hrsmin.	Immediate cause of death DURATION Labora Promotion Aclay S
9. Birthplace D Stimores, Md. (Town, county, and state)	Due to
10. Usual occupation	Due to.
12. Name John Olekins Felening 13. Birthplace Baltimore, md.	Other conditions Trains-School hyperbourn Cond You & Prior & 1920
14. Maiden name Chyaleth Smith 15. Birthplace Baltimore, Md.	(Include pregnancy within 3 months of death) Major findings of aperatians
16. Interment Mass. Katharini F. Schmissen. Address 110 Tunbridge Road.	Antopsy results
17. Burial, cremation, or removal. Which?) Date thereof. Canada (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Commetery or crematory Sulfamore City	Where did injury occur?
18. Funeral director Stewart & Moures Company	Means of Injury Injured at work?
Address 18-10-North ave. Wy #1. 19. (Datyrec'd by registrar) 19. (Datyrec'd by registrar)	23. SIGNATURE Clear Clay Grad M. D. or other Address 7-7'1-Wandom Road Ball 18 Date signed 1/23/48

UNFADING INK. Supply every item of information carefully. Inecorrect ant. Physicians: please write the causes of death clearly and legibly. BINDING FOR RESERVED MARGIN PLAINLY, V

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00206

CERTIFICATE OF DEATH

1 -	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newOpen intages give residence of mother)
County Allen 19	State County Call
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town)
106 Thewverg live	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Yaura Jane VV	
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
J Hanowe &	20. DATE OF DEATH. James 9 1948 at 5 - P M
6.(b) Name of husband or wife Charles	21. I CERTIFY that desh occurred on the date above stated; that attended deceased from
	aleg 10 Jan. 1948
7. Birth date of deceased (mo., day, yr.) Dec 2.7 1873	and that I last saw h
8. AGE: Years Months Days If less than ne day	Immediate cause of death
77 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
9. Birihplace	Due to Ity parteusion : 54 com
(Cown, county, and state)	
10. Usual occupation	Due to arteris sclenors
11. Industry or business	
12. Name PMany 6 hand	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name o. al. elle Maller Maller 15. Birthplace	Major findings of operations
≥ 15. Birthplace	
16. Informant TYEUM	Autopsy results
Address Toolors ville Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Queria a dentitor, of removal Whiteh?) Que thereof (wonth) (dev) (year)	Accident, suicide, or homicide
Cemetery or crematory	Whera did injury occur? (City or town) (Connty) (State)
and for ofference Chil	(City or town) (Connty) (State)
69. O. F.	Meens of Injury Injured at work?
18. Funeral director	lma - 1 . 4 1
Address (a gally tille 144)	23. SIGNATURE OSL Solver for - M. D. or other
19. / 3/48 19 authorized	Address 20 S. Overtund - Date stoned 1/10/40



2411 N. Charles St., Baltimore

ect age

UNFADING INK. Supply every item of information carefully. ant. Physicians: please write the causes of death clearly and the causes of death clearly and the cause of the cause

PLEASE WRITE PLAINLY, WITH UNF is especially important.

9-45-15M

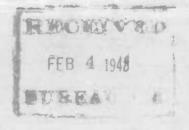
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MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

00208

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Edith Green Fry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced +. W. Janes	MEDICAL CERTIFICATION 20. DATE OF DEATH. WOLL 19 48 21 6 2 F.
6.(c) Hame of husband or wife	21. I CERTIFY that death occurred so the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 24, 1885	and that I last saw h lee alive on the same of death OURATION
8. AGE: Years Months Days If less than one day	I spling & eatine I y
62 7 20hrsmin.	Jan
9. Birthplace (Town, county, and atate)	Oue 10
10. Usual occupation.	Due to
11. Industry or business	
12. Name Dr. John S. Joseph S. Jacobs S. Jacob	Other conditions
14. Maiden name Ella Balduni	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace Ballo - Co. ned.	Date of op.
16. Informant John John Jacon	Autopsy results
Address 17.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or bomieide
Cemetery or crematory front grant	Whers did injury occur?
Location June of Use Ballo - On mil	Injured al home, farm, industry, public place (where?) Meens of injury tnjured at work?
18. Funeral director dander of arrivales	ON IN A CILL
Address Spring Town	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Jourson - 4 - Mebate signed 1/14/4/



0.0	2017-
Diet No	39

1. PLACE OF DEATH: County BY LIMOYE County BY	CERTIFICATE OF DEATH Reg. Dist. No	
3. (a) FULL NAME 4. Sex 5. Golf or race 8. (a) Signite, farried, wildowed, or diverced Emale White Widow. 6. (b) Name of hurband or wife. 6. (c) It alive, give age 8. (c) It alive, give age 9. (c) AGE: 18. (c) It alive, give age 19. (d) AGE: 19. (d) AGE: 10. (d) AGE: 10. (d) AGE: 11. Industry or huriness 11. Industry or huriness 12. Name 13. (d) Social Security Number MEDICAL CERTIFICATION 21. (d) Hill and the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; that I aliended deceased from the date above stated; tha	City or town Raya near Free and a (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 54yys.	State Mary land County Baltimore City or town Rura near Freeland (If outside city or town limits, write RURAL and give nearest town)
4. Sex 5. Golf or race 6. (a) Single, farried, widewed, or divorced Emple White Widow 6. (b) Name of husband or wife Chay less ford 6. (c) Hame of husband or wife 6. (d) Hame of husband or wife 6. (e) Hame of husband or wife 6. (f) Hame of husband or wife 6. (e) Hame of husband or wife 6. (f) Hame of decased from 6. (f) Hame of decased from 6. (f) Hame of decased from 6. (f) Hame of details 6. (f) Hame of decased from 6. (f) Hame of details 6. (f) Ham	How long In hospital or institution?	2.(a) If veteran, name war
8. (b) Name of husband or wife. Charles C. S.	4. Sex 5. Color or race 6.(a)Single, Parried, widowed, or divorced	MEDICAL CERTIFICATION
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 8. Birthplace	Charles Gessford.	
Bue to	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
11. Industry or business 12. Name	9. Birthplace	
Dither conditions 12. Name		Due to
14. Maiden name		
Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Cemetery or cremation, or removal. Which?) Cemetery or cremator, M. J.	14. Maiden name. Caroline Heathcote	Major findings of operations.
Date thereof 1 212 1 2 2 2 VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	16, informant Mra. Columned Heathcote	Antopsy results.
Location — Tree of p. B. B. Co., M. O. Injured at home, farm, Industry, public place (where?) 18. Funeral director — Accol — Harfeus Leis, Address — Hew Freedom Pa: 19. Jan 9 19.47 Colegale Freedom 19. Jan 9 19.48 Colegale Freedom 19. Jan	17. Date thereof. January 9.1948 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
18. Funeral director Accol Harfesslein Address Agent Freedom Par 23. SIGNATURE C. M. Frence M. D. or other M	Euroland Balta Co. Md	
19 Jan 9 1948 Colegales J. Fredling Angleton, Jud M. D. of other	18. Funeral director Jacob Hartenslein	0, 2-4
	19 Jan 9 1948 Chigale I Feelin	23. SIGNATURE M. D. OF OTHER M. D. OTHER M. D. D. OTHER M. D. OTHER M. D. D. OTHER M. D. D. OTHER M. D. D. OTHE

BINDING FOR RESERVED MARGIN age

information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HOME) OF DECEASED:

00209

H		22
Reg.	Diat.	No.

County (Ja) +1 more	(For newborn infants give residence of mother)
City or fown. (If outside city or town limits, write RURAL and give nearest town)	State M. County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No 3208 Chesley Que
6000 Paislandon Cont	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3.(a) FULL NAME Mary Rebecca 9	ontune -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t u M	20. DATE DF DEATH 29 January 1948 21 7:15 M
Make C 9 mitres	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
6.(6) Name of husband or wife Jahn Couling	25 Jan. 1948 10 29 Jan. 1948
7. Birth date of 5 - 7 105 1	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.) Oct. 5, 1881	Immediate cause of death
8. AGE: Years Months Days It less than one day	Pulmonan edema
66 3 24min.	
Balt. a Canto	. Xu Sestensive C.V.D.
9. Birthplace Baltimos County (Town, county, and state)	Due to
10. Usual occupation	
11. Industry or business	Due to
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Josephine 15. Birthplace Balte. Co.	Major findings of operations.
D S 15. Birthplace Balle. Co.	Date of op.
16. Informant John C. Southur	Aniensy results
Garach Alen ave to Sto Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3208 Charles and a land a land	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) (month) (dge) (year)	Accident, suicide, or homicide
(V) () (C. !	Where did Injury occur?
Cemetery of Grematory O and Session	
Location Laylor ave	Injured at home, farm, Industry, public place (where?)
18. Funeral director Deonard J. Parch	Means of Injury Injured at work?
Address 5-305 Ha ford 726.	Charles H. Williams M. D.
100/00 P9V 16 lave	23. SIGNATURE M. D. or other
19. (Date see d by registrar) Registrar	Address Ochewille 8, md. Date signed 29 Jan. 48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(4)3

AddressV. A. H. FORT HOWARD, MD Date signed 1-5-48

Reg. Dist. No. 44

County Baltimore .	(For newborn infants give residence of r	nother)	
Fort Howard	State New York County		
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town New York (If outside city or town limits Street No. 514 Lennox Ave.		
V. A. H. Fort Howard, Md.	(If rural, give		
How long In hospital or institution? 7 days	2.(a) It veteran, name war. WW II	***************************************	V
3.(a) FULL NAME MINGO E. GOODSON, JR.		3. (b) Social Security Unkno	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Separated	MEDICAL CE 2D. DATE DF DEATH January 4,	RTIFICATION	3:25 P
6.(b) Name of husband or wife. Mary Goodson 6.(c) If alive, give age. ? 7. Birth date of deceased (mo., day, yr.) June 26, 1920	21. I CERTIFY that death occurred on the date about December 28, 19	47 .Jan. 4, ary 4,	19 48 19 48
8. AGE: Years Months Days It less than one dayhrsmin.	Pulmonary Tuberculosis advanced bilateral	act. far	4 Mos.
9. Birthplace Pertsmouth, Va. (Town, county, and atate) 10. Usual occupation Chauffeur 11. Industry or business	Due to		
12. Name Mingo E. Goodson, Sr. 13. Birthplace Portsmouth, Va.	Other conditions Medingeal Tuber		l week
Ella ? 14. Malden name North Carolina	(Include pregnancy within 8 m		
16. Intermant Clinical Records, Vets. Adm. Hosp.	Autopsy results Substantiated PHYSICIAN: Please underline the cause to whi	above.	
Burial 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Body shipped to New York City N.Y. for burial	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Where did injury occur?	Date of	(State)
18. Funeral director Charles R. Law 802 Madison Ave., Balto., Md.	Meens of Injury	Injured at work?	
19, (Date re'd by registrar) 19 (Date re'd by registrar)	23. SIGNATURE R. SCOTT, M. AddressV. A. H. FORT HOWARD		

MARYLAND STATE DEPARTMENT OF HEALTH

MITH CNFADING INK. Supply every item of information of mportant. Physicians: please write the causes of death clearly

PLEASE WRITE PLAI

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MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

201			74
Par	Dist	NI.	30

	•	CERTIFICA	TE OF DEATH Reg. Dist. No	४० .	
1. PLACE OF DEATH: County			Street No. 207 E. North Avenue (If rural, give LOCATION)		
	SARAH E	LIZABETH GRAFFLIN	-	,	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced single	MEDICAL CERTIFICATION January 21 20. DATE DF DEATH. January 21	8 10:45]	
7. Birth date of deceased (mo., da 8. AGE: Ye 7 9. Birthplace	Maryland Teacher Teacher Wirginia Mary P. V Indiana H. spital rec	cafflin, (Winchester Wright cords	January 12 and that I last saw her alive on January 21 Immediate cause of death Generalized arteriosclerosis	y 21 19 48 19 48 DURATION Indef. Indef.	
17. (Burlal, crematic Cemetery or crem Location	Pik , WM. J.	Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	

2411 N. Charles St., Baltimore

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00212

CERTIFICATE OF DEATH

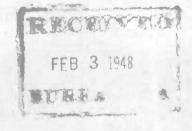
Reg. Dist. No. 40

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Baltimore State Kingsville, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. Belair Rd. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan 28 1948 at 1120 PM
8.(6) Name of husband or wife Ethel E. Green 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) April 9th, 1884	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-22 19.43 to 1-28 19.47 and that I last saw h. Mora. alive on 1 cm 2 19.47.
8. AGE: Years Months Days If less than one day	Immediaio cause uf double DURATION Pulmorary Emblus 15min
9. Birthplace Baltimore County, Md., (Town, county, and atate) Storekeeper th. Usual occupation	Due to. Comany desease with 5 yrs. Due to.
Charles H. Green 12 Name Charles H. Green 31 Birthplace Baltimore County, Md.,	Dther conditions
Amelia Seidel 14. Malden name Baltimore County, Md.,	Major findings of operations
Mrs. W.H. Green 16. Intermant Belair Rd., Kingsville, Md.	Autopsy results
burial (Burlal, cremation, or removal, Which?) Cemetery or crematory. Blenheim, Md. Location burial (Month) (day) (year) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Lassach Finance Hones Address 7401 Belair Rd. 19. 2/2/2/2 Superint 19. 19. Hammets (Date ree'd by registrar)	23. SIGNATURE LA O Hodows M. D. or other Address Edgewood my Date signed 1-28-48

H MARGIN RESERVED FOR BADING

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45-15M
PLEASE WRITE PLAINLY, V is especially is



WITH UNFADING INK. Supply every item of information could, The correct a important. Physicians: please write the causes of death clearly and legibly.

9-45-15M	WRITE PLAI
VS AID	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00213 Reg. Dist. No. **30**

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore					
City or town Catonsville 28. Maryland (If outside city or town limits, write RURAL and give nearest town)			ry land	A 2 h ah a	
Nam Jana la abasa ala	13	vrs. 9	mos. 12 das.	City or town	
Hospital, Institution.	or street address when	death occurre	d:		
Spring (Frove State	Hospie	tal	Street No. (If rural, give LOCATION)	
How long In hospital	or Institution? 13	yrs. 8	mos. 12 das.	2.(a) If veteran, name war.	
3. (a) FULL NAM	ME			3. (b) Social Securit	y Number
Tı	ressie Gree			Hone	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
f	W		widow	20. DATE OF DEATHJanuary 5 19.48	at.6:10 p. n
	wic	lowed		21. I CERTIFY that death occurred on the date above stated; that t attended de	
6.(b) Name of husban					
Waltes	6. / dill	the 6.0	c) tf alive, give ageye	and that I last saw h. er alive on January 5	4. 48
deceased (mo., day	ay. 15, 189'				
8. AGE: Yea		Days	If less than one day	Immediate cause of death	
	50	21	hrs. m	Massive intraventricular	
		121		nemornage	
9. Birthplace	Virginia		state)	Due to Malignant hypertensive cardio-	
	(2000		state)	veseular disease	indefini
10. Usual occupation	housewife			Due to	
11. Industry or busine	ess Home				
当 t2. Name	201	hus	Settlesi	Other conditions	
E	1/17/	1-1-1			****
	1/ 6	ange	nia)	(Include pregnancy within 3 months of death)	
14. Malden name		la s	rossyttee	Major findings of operations	
≥ 15. Birtholace		Ulda	unchs	Date of op.	
16. Interment	Hospita	l redo	rds	Antopsy results none	
				PHYStCIAN: Please underline the cause to which death should be charge	d statistically.
Address	vatonst	111e-2	8, Maryland	22. VIOLENCE: tf death was due to external causes, fill in the following:	
17 /Sec	Mal on, or removal. Which	Date ther	(month) (day) (year)	8. Accident, suicide, or homicide	
			(month) (day) (yeaf)		
Cemetery or crema	tory Until	uglos	Mallonal Re	(City or town) (County)	(State)
Location	Arls	Light	on Va,	Injured at home, farm, Industry, public place (where?)	
1B. Funeral director.	Cas	total	Soul	Msans of Injury Injured at work?	
Address	Elle	cott	City, Mod	A. O. Just his	
10 Am . 7.	1948	25	E. Harry	IDECOLO - COLA, M.D.	. or other
(Date rec'd by r	egistrar)	(mar)	Registr	ar Address Catonsville-28, Md. Date signer	1.1-6-48



,	1
1	WITH
9	PLAINLY,
9-45-15M	WRITE
or or or	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0021	4	•
BC	160	1
Reg. Dist.	No. T. 7	

/						
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore				(For newborn intants give residence of mother) State Maryland County		
City or town			RURAL and give nearest town)			
How long in above place of death? 23 Days				City or town. Baltimore (If outside city or town limits, write RURAL and give near	rest town)	
Hospital, institution, or st	reet address where	death occurre		Street No. 336 W. Preston Street		
Vets. Adm.	Hospital	Fort	Howard, Maryland	(If rural, give LOCATION)		
	stitution?23	Days		2.(a) If veteran, name war		
3. (a) FULL NAME		7.32		3. (b) Social Security 1	Number	
		GREGO		Unknown		
			le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Negro	Ma	rried	20. DATE OF DEATH January 8, 19 48	3:55 P w	
S (b) Name at his hold he	wife Her	rietta	Gregg	21. I CERTIFY that death occurred on the date above stated; that I attended decea	sed from	
G.(O) Hame Olympogage po.			(e) If alive give age 3/1 years	December 16, 1947 to January		
7. Birth date of	_		(c) If alive, give age34years	and that I last saw h im alive on January 8,	19.48	
deceased (mo., day, yr.) R AGE - Years	June	20, 1	1 It less than one day	Immediate cause of death	DURATION	
o. Mod.				Iobar, Pneumonia, rt. upper lobe.	.Unknown	
51	6	18	hrsmin.		ð	
9. Birthplace Sou	th Caroli	na county and	state)	Due 10	***************************************	
					····	
	3.6W54.80WA			Due to	************************	
11. Industry or business	2 0				***************************************	
				Other conditions	***************************************	
13. Birthplace So				(Include pregnancy within 3 months of death)		
14. Maiden name	Emily M	V: Unkr	nown.	Majur findings of operations		
So 15. Birthplace So	uth Caro	lina		Date of op		
14. Maiden name 15. Birthplace So	ical Reco	ords. T	lets. Adm. Hosp.	Animar results Substantiated above.		
			ward, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address	We.			22. VIOLENCE: It death was due to external causes, flil in the following:		
(Burial, cremation, c	r removie. Which	Date the	reol (month) (day) (year)	Accident, sulcide, or homicide Date of		
		Max	was Cemeley	Where did injury occur?	(State)	
	10 1	2/		Injured at home, farm, Industry, public place (where?)		
//	1			Meens of injury Injured at work?		
			Ave., Balto., Md.	(KX) 4)		
Address	TO DIGI		Aves, Darous, Mas	22 SIGNATURE COUNTY		
10/-9	48	M	Wheelen	A. E. PUGH, M. D.		
19. (Date rec'd by regis	strar)		Registrar	Address V.A.H. FORT HOWARD More signed.	1-9-1-8	

MARGIN RESERVED FOR BINDING

Evidence	fet	the	change	0.
year of b	irth	is	shown	on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			120
Reg.	Dist.	No.	429

00215

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
low long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME OHN HENRY GROVES	3. (b) Social Security Number 218-07-8065
6. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced white white widowed.	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Name of husband or wife. mary & Stores. 6.(c) If allive, give age	21. I CERTIFY that death of dered on the date above stated; that I attended deceased from 1947, 10 Jans. 1948
1. Birth date of deceased (mo., day, yr.) Oct. 14. 18/7/6/. 1877	and thet I last saw h
B. AGE: Years Months Days If less than one day	Immediate causo of death
70 2 27min.	Coronary Occlusion. Sudden
9. Birthplace	Due to. Due to. Due to.
12. Name Sohn Henry Broves. 13. Birthplace Baltinare nid.	Dther conditions
14. Malden name. Emma J. Young. 15. Birthplace Batturie J. n.d.	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant hus . Munice hic blonsld .	Autopsy results
17. (Burial, cremation, or removal. Which?) Bate thereot //14/48 / (Mouth) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, sutcide, or homicide
Cometery or crematory. Ale Lawn Climburg	Where did injury occur?
Location Duttimod	Injured at home, tarm, industry, public place (where?)
Address Jorth ave & Broadway	Louis n. Tallin M. N.
19. Jan 12 19 49 A W. Hebrish Registrar	6908 N. Pt. Rd. Balto - 19. 14 M. D. or other / Address

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HIGHAL DECIDENCE (LIOME) OF DECEASED.

00216 Reg. Dist. No. 40

County (If outside city of lown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	City or town
3. (a) FULL NAME Edwin Hall Harkons	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wale Warried	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan 23 1948 at 630 p
8.(b) Name of husband or wife 24 all all alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46, 10. Jen 23 19.48 and that I last asw h. forth alive on Jen 23 Immediate cause of death
8. AGE: Yeera Months Days It less than one day 8. 2 4 7 hrs. min. 9. Birthplace	Oue to Colored general atendidays - Very
10. Uaual occupation August Parking 11. lodustry or buainass 12. Name Stephen Thanking	Other conditions Chronic authoris Yours
13. Birthplace 14. Malden name 15. Birthplace 16. Informant Mas. I. I. Markering	(Include pregnancy within 3 months of death) Major findings of operations
Address Belain Rd. Hingsville 11 Burel (Burial, eremetion, or removal, Which?) Date thereot. (month) (day) fyear)	Autopsy results. PHYSICIAN: Please noderline the caose to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Jacobs Location Locat	Whera did injury occur?
Address 740/ Relain Ad./ 19. / 24/48 19 Address Address Registrar (Date ree'd by registrar) Registrar	23. SIGNATURE Let 0 Hodows mD. M/D. or other Address Eslapewood md Date signed 1-23-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

111034

CERTIFICATE OF DEATH

				Reg. Diat. No		
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County. Baltimore City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? 8 months 27 days. Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 8 months 27 days.			CURAL and give nearest town) 27. days d: a1.	State Maryland county Baltimore City or fown Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 4506 Sorrento Avenue (If rural, give LOCATION)		
3.(a) FULL NAME HAWKS, Mont	А			3. (b) Social Security	Number	
	or or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male W	hite	W	idowed	20. DATE OF DEATH January 14 19.48	a1.2:05_p_i	
6.(b) Name of husband or wife Lena Burke (deceased) 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June 28, 1885				and that I last saw h im alive on January 14	19.48	
	Months	Days	If less than one day	Immediate cause of death Coronary sole rosis		
61	6	17	hrs min.	due to arteriosclerotic cardio- vascular disease;		
9. Birthplace Virginia. (Tows, county, and atate) 10. Usual occupation Laborer 11. Industry or business Labor. 12. Name Osborne Hawks				Due to Cardiao decompensation; Pnaumonia, laft base. Due to Unling nord Dther conditions	Indef.	
14. Maiden name				(Include pregnancy within 8 months of death) Major findings of operations		
Address Catonsville-28, Maryland 17. Burial Date thereof (month) (day) (year) Cemetery or crematory Spring Grove State Hospital Location Catonsville 28, Md.			/land 2-13-48 eof (month) (day) (year) State Hospital Md.	PHYSICIAN: Please underline the cause to which death abould be charged 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	d statistically.	
18. Funeral directorSpring Grove State Hospital. Address Catonsville 28, Md. 19. 2-/3 (Date rec'd by registrar) Registrar			E Harry	23. SIGNATURE Isadore Tuerk, M. D. M. D.		

RECEIVED

FEB 17 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/01

Registrar Address V.A.H. Fort Howard, Md. Date signed 1-23-48

0103.5 Reg. Dist. No. 44

						. /	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County				state Maryland County			
				City or town. Baltimore (if outside city or town limits			
How long in above place Hospital, institution, or	of death?d	ays					
			and	Street No 3217 Phelps Lane	LOCATION		
				2.(a) If Veteran, name warWorldWar.	T	1	
3. (a) FULL NAME				Z.(W) II reterant name nat as Lp J. Later of Calif.			
					3. (b) Social Secu	rily Number	
ALBERT I	K HELFRI	CH S (a)Sing	le, married, widowed, or divorced	"	Unknown		
				MEDICAL CE	ERTIFICATION		
Male	White	Mar	ried	20. DATE OF DEATH. January 23	194	8 a13:00 A.	
6 (h) Name of husband	or wife Mati	lda Hel	frich	21. I CERTIFY that death occurred on the date abo			
order, manifest masses.		8.1	(c) If alive, give age 52years		January 12 148 January 23 1948		
7. Birth date of		-1 -0	CO TO STORE A SECTION AND ADMINISTRATION OF SECTION AND ADMINISTRATION OF SECTION AND ADMINISTRATION AND ADM	and that I last saw h.imalive onJanu	ary 23	1948	
deceased (mo., day, years		24, 18	If less than one day	Immediate cause of death			
	,			Thrombosis, left ante			
59	4	29	hrs. min.	coronary artery			
9. BirthplaceBal	timore, M	aryland	atate)	Due to Coronary Arteriosc	lerosis	***************************************	
		.[-]		xxx Other Cond: 1.Gene			
11. Industry or business				sclerosis, Duration &	ic Menhriti	unknown	
변 12. NameA. LO.	ert Helir	ıcn		2. Chr. Arteriosclerot 3. Pulmonary Edema due	to #1.	Sudden	
- 4				In vertical basis, wish	monthsoif_death)	Unknown	
		asil		4. Divertice logis, wisig cause: Unknown	IIIO Z C J	0111101111	
15. Birthplace Ge	ermany			major nodieg. of operations.			
		onde T	ets Adm. Hosp.	Aotopsy resoltsSubstantiated			
				PHYSICIAN: Please onderline the cause to wh			
	Howard,			22. VIOLENCE: tf death was due to external cau	ses, fill in the following;		
(Burial, cremation,	or removal. Which	Date the	reo! Type (pronth) (day) (Vear)	Accident, suicide, or homicide	Date of		
Complete or complete	Merce	Cat	Lederal	Where did injury occur?(City or town)	(34-)	(50-4-)	
Cemetery of Cremator	11	0	Zeace Care de	Injured at home, farm, Industry, public place (wi			
			lary land	Means of Injury	Injured at work?		
18. Funeral director	1.19.1	Leph	best + Soul	Meetis of Injuly	injured at works		
			- Place -17	(P.15 Areach			
	111		. 11	23. SIGNATURE B. FRENCH, M	. D. M	D, or other	

CERTIFICATE OF DEATH

01036

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all		40	-	12	0	0	
0				0		7	
				. 1		,	
Reg.	Dist.	No					

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County TSultimore City or town Cockeysville Ind	State 990 County
(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimae
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Masonic Isame Culturally	Street No. 717 C. 2 3rd ST.
,	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cinnu C. Henneman	Estre Musonic Les
4. Sex 5. Color or race 6.(a) Single married, widewed, or divorced	MEDICAL CERTIFICATION
Famale White Married	20. DATE DE DEATH Jan 26 19.48, 21. 9.30
6.(b) Name of husband or wife Houard L. Jennema	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
70	July 19 46, 10 Jun 26 19
7. Birth date of 1867	and that I last saw here alive on 19.4
deceased (mo., day, yr.) sept 1 - 1770	Immediate cause of death
8. AGE: Years Month's Days If tess than one day	Cuelral Himorrhage 5da
80 4 25ni	п.
9. Birthplace. Cambridge 9nd (Toylo, county, and state)	Due to
(Toyla, county, and state)	artero Scherosio 5 yes
10. Usual occupation	Due to
11. Industry or business	
12 Name Wm. N. Grace	Other conditions
12. Name 4m. D. Grace	
14. Malden name Con Maria Cook 15. Birthplace Cambridge Md	(Include pregnancy within 8 months of death)
S 15 Million Cambridge. Mil	Major findings of operations.
21 15. Birthplace	Date of op.
16. Informant	Autopsy results
Address Horaco Home Corkeyentle	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (yeur)	Additional desired to the second seco
Cemetery or crematory South Taylo	Where did injury occur?
Location Baltimore Mad	Injured at home, farm, Industry, public place (where?)
18. Funeral director Asm. Cook	Means of Injury injured at work?
ILP 1 d D + 1th	01004 4 11 0,0
Address SI. Vacel & Oseplan St.	23. SIGNATURE Malter & Kees M. D
19 1 - 27 - 19 48 Laura H. Schoole	De louis ille Stad M. D. or other
(Date rec'd by registrar) Registr	ar Address Cocklysville Mil Date signed 1-26-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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9-45-15M

VS A15



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F	WITH U
9.45.15M	WRITE PLAINLY, WITH UNFADING
VS A15	PLEASE

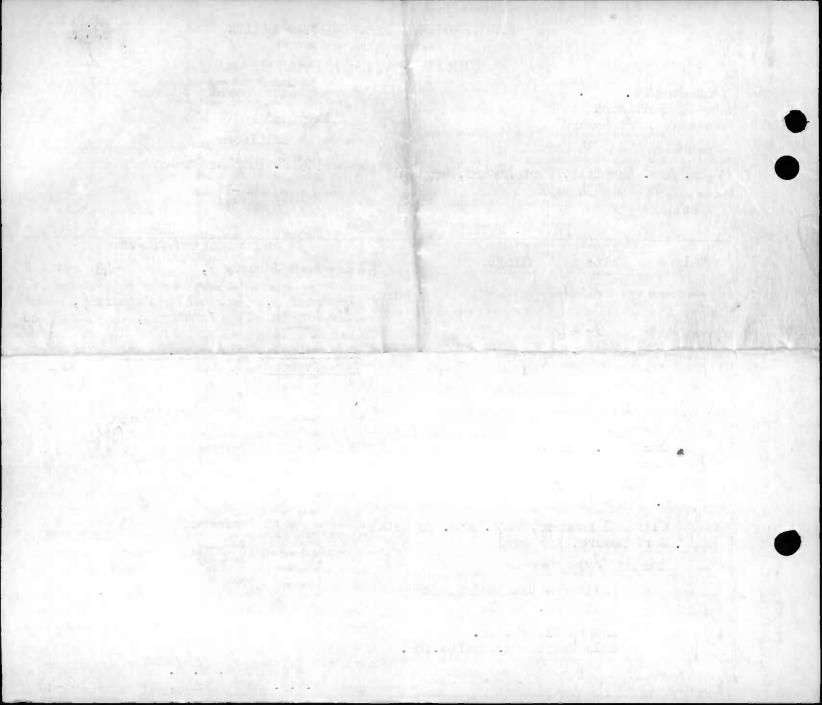
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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

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			11	-1/
1			q.	X
	Reg. Dia	t. No.		

				TE OF DEATH Reg. Diat. No	4
City or town	imore rt Howar ide city or town to death? 34 eet address where Hospital	d imits, write I Days death occurre Fort	RURAL and give nearest town) d: Howard, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	areat town)
3. (a) FULL NAME			. HENNICK	3. (b) Social Security Unknown	Number -05-796
Male Ser	White		le, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH	
6.(b) Name of husband or wife Single 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 9-6-89				21. I CERTIFY that death occurred on the date above stated; that I attended dece December 3, 19. 47., to January. and that I last saw h. im. alive on January. 5, Immediate sause of death.	5, 19 48
8. AGE: Years	Months	Days	It less than one day	Tuberculosis, pulmonary, bilateral	2 Months
9. Birtholace Delaware (Town, county, and state) 10. Usual occupation Chief Cook 11. Industry or business 12. Name Oscar Wm. Hennick				Due to	
12. Name. Osca 13. Birthplace New 14. Maiden name. K 15. Birthplace F		er nia		(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Clinical Records, Vets. Adm. Hospita Address . Fort Howard, Maryland 17. Burial Date thereof (mooth) (day) (year)				Autopsy results	statistically.
Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland Location Howard Blight, Jr. Address 4914 Belair Rd., Balto., Md.				Where did injury occur?	(State)
19. (Date rec'd by regis	19	,).	n n p + l l	Address V.A.H. FORT HOWARD, MD. Date signed	1-6-48



UNFADING INK. Supply every item of information cant. Physicians: please write the causes of death clearly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01038

	Reg. Diat. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 609 West St. (If rural, give LOCATION)
3. (a) FULL NAME Mary Johanna Herdegen	3. (b) Social Security Number
female 5. Color or race 8.(a) Single, married, widowed, or d	MEDICAL CERTIFICATION 20. DATE OF DEATHJanuary10
8.(b) Name of husband or wifeJosephHerdegen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1947 to January 10 1948 and that I last saw her alive on January 10 1948
8. AGE: Years Months Days It less than one day 75 7 30 hrs.	Immediate cause of death. Bronchopneumonia Immediate cause of death. DURATION 1 mo.
9. Birthplace Baltimore Maryland (Town, county, and state)	Due to Hypertensive C-V disease yrs.
10. Usual occupationbousewife	Oue to Generalized Arterio-sclerosis yrs.
E 12. Name Fred. Bauer 13. Birthplace Germany	
14. Maiden name Sarah Barbara Scareiner	Major findings of operations.
16. Informant Louis M. Yingling (son) Address 609 W West St.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. BuRIAL Bate thereof (Burial, cremation, or removal, Which?) Cemetery or crematory Baltanae Cometary	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Moth Gre	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hany H. Mitshe Address 4/0/ Clemondson Gre	- Sada Fuel, m. s.
19. 1/13 19.46 V.E. Harr (Date Fee'd by registrar)	Registrar Address. M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

I. PLACE OF HEATH:	(For newborn infants give residence of mother)		
County Iglay	· ·		
City or town (If outside city or town limits, write RURAL and give nearest town)	State		
(If outside city or town limits, write RURAL and give hearest town)	City or town		
How long In above place of death?			
Hospital, Institution, or street address where death occurred:	Street No. 1262 Columbia The		
Clay Sandarum Clay 27 md.	(If rurnl, give LOCATION)		
How long In hospital or Institution?	2.(a) 11 veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
mary legabeth Heyler			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Rongle	20. DATE OF DEATH		
6.(b) Name of husband or wife Mrs. Leurs D. Devry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
25 /6 70 6.(c) 11 alive, give age	3 19.94 to Jan 19.97		
7.65t/th date of	and thet flast saw h		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Monthe Days II less than one day	Of the Shire 8 des		
77 // 22			
elamine of	Ja 1. 1 1 1 0 0 1		
9. Birthplace	Due 10		
10. Usual occupation	Due to.		
11, Industry or business			
	p 1 10 00 A- C. 15.		
	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Philippine Banler 15. Birthplace Serotanes	(Include pregnancy within 5 months of death)		
E C	Major findings of operations.		
\$ 15. Birthplace Recitary	Date of op.		
18. Informani, Miss. Leves D. Zerry	Antopsy results		
20000 1: 0 . 1 0 11. 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 10 1 Columbia Cord Clashington DE.	22. VIOLENCE: 11 death was due to external causes, 1tll in the following;		
17 Sesnova Date thereof fun 16,1948			
(Burnal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Fashington Q. C.	Injured at home, farm, Induetry, public place (where?)		
0 4/100 24 1 1	Means of injury Injured at work?		
18. Funeral director for the state of the st	Injured at north		
Address 900/- 4th M. n. & Trashwaton V.	C. Py / 20		
and the state of t	23. SIGNATURE		
10 & Sail as his 48 miss & Bu of	M. D. or other		
(Date rec'd by registrar).	Address Date signed		

17 1948

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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TIL	140 4	1-3
Reg. Diat.	No	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County a Salfassore	(For newborn infants give residence of mother)
102.44	Stale Md. County Ballisance
City or town	8 1
How long in above place of death?	City or town
How long in above place of death?	
nospital, institution, or street address where death occurred:	Street No. 6 Mesney avenue
	(If rural, at ve LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
(alherene Chizabeth) fi	gelberger None
4. Sex 5. Color or race 6.(u)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemsle White Married	20, DATE OF DEATH January 25 18.48 at 4:20 AM
SI I F. F.	
B.(b) Hame of husband or wife, Cawalle dealer	21. I CERTEY that death occurred on the date above stated; that attended deceased from
Thiselberger	19 to Jan 19 to
7. Birth date of	and that last saw halive on
deceased (mo., day, yr.) May 11, 1890	
8. AGE: Years Months Days If less than one day	Immediate cause uf doth DURATION
	Joseph Huy Cart Holy
5 / 10, 14hrsmin.	
Baltima a Gold	
9. Birthplace (Town, county, and state)	Due to
Sylvanille	Marie Constitution of the second
10. Usual occupation	Que to V e Chibrer chilastile + 10 yrs -
11. Industry or business	40 plants - 1
MI Of a Sharkert	
E 12. Name Hage Haschert	Dther conditions
\$ 13. Birthplace Masyland	
El Chilatel F. J.	(Include pregnancy within 3 months of death)
E 14. Malden name Way Welling	Majur findings of uperations.
15. Birthplace Cannaylvaning	
01 7 7 101.11	Date of op
16. Informant Caward & Street Verger	Antopsy results
Address to Chesney ave	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6 evesing live.	22. VIOLENCE: If death was due to external causes, fill to the following;
17 Bureal Date thereof 1-28-48	
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Tarkwood	Where did injury occur? (City or town) (County) (State)
cometery of crematory	(City or town) (County) (State)
Location Ballo. County MG.	Injured at bome, farm, Industry, public place (where?)
-ch. to let	Means of Injury , injured at works
18. Funeral director buge a sekwab	
Address 101 Frederick levenue	1 LON SINI
AUDIEST I O I V A MERCHANIA	23 SIGNATURE UL I CUCAL MARGON AUGUST.
1121148 AW. Helus	M, D, or other
(Date rec'd by registrar) Registrar	Address 2 40 / Date signed / 26-7-1
	Wasiness and all the state of t

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Diat. I	Vo	44

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 13 Days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 217 E. Churchi Hill Street
Vets. Adm. Hospital, Fort Howard, Md.	(If rural, give LOCATION)
How long In hospilal or instilution? 13 Days	2.(a) If veteran, name war WW-I
3. (a) FULL NAME	3. (b) Social Security Number
HOLDEN, Archie A.	Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH January 10, 148 46:10 A.
5.(b) Name of your of wife Bertha Holden	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1.7	December 28, 1947 10 January 10, 1948
7. Birth date of	and that I last saw h im alive on January 10, 18 48
deceased (mo., day, yr.) (-0-91	Immediate cause of death
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis, bilateral
56 6 4hrsmin.	Far Advanced Unknown
9. Birthplace Moscow, Idaho (Town, county, and state)	Que 10
10. Usual occupation	
11. Industry or business	Due to
E 12 Name William Holden	Other conditions Tuberculosis of Gastro-
13. Birthplace Washington	intestinal tract & spleen Unknown (Include pregnancy within 3 months of death)
14. Maiden name Cora Hodge 15. Birthplace Washington Clinical Records Vets Adm. Hosp.	Majur findings of uperations
≥ 15. Birthplace	Dale of op
16. Intermant Office Trecords & Cos Addis 11059	Antopsy results Substantiated Above.
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, sulcide, or homicide
Baltimore National Cemetery	Where did injury occur?
Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)
Baltimore, Maryland Location Howard Blight, Jr.	Means of Injury this industry, public prace (wherer) this injured at work?
18. Funeral director	Masus or tulout
18. Funeral director	11 X Years
11,3/48 a.w. Hedreel	W. H. HEATH, M. D. M. D. or other
19. (Date fee'd by registrar) (Registrar	Address V. A. H. RORT HOWARD MD Oate signed 7 70 1-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Baltimore Bultimore City or iown Fullerton, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 years Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Baltimore City or town Fullerton, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. 9207 Ridge Ave. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ROBERT E. HOPPS	212-10-7151
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION Jan. 15th, 48 8:50P
6.(b) Name of husband or wife Elnors J. Hopps 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Jan. 9th, 1889 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2. 5. 19. 4. 7. 10. 5. 19. 4. 8. and that I last saw hours, alive on 3. 19. 4. 8. Immediate cause of death
59 6min.	Cowwary Deducion //15/4
9. Birthplace Baltimore, Md. (Town, county, and state) Foreman 10. Usual occupation G.L. Martin Co. 11. Industry or business 12. Name Robert S. Hopps 13. Birthplace Unknown	Due to. Chronic Trypearditis Swall Other conditions
14. Maiden name. Unknown 15. Birthplace Unknown 16. Informant. Mrs. R.E. Hopps	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 9207 Ridge Ave., burial 17. Date thereof 1/19/48 (Burial, cremation, or removal, Which?) Cemetery or crematory Oak Lawn Baltimore, Md. Location Baltimore, Md. 18. Funeral director Lassal Luneral Home Address 7401 Belair Road 19	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide

PLAINLY, V is especially i PLEASE WRITE A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

25)	U.		4	3,
Reg.	Diat.	No	1-	×,

CERTI	IFICATE OF DEATH
I. PLACE OF DEATH: County Baltimore City or town Fort Howard, Naryland (If outside city or town limits, write RURAL and give nearest How long in above place of death? 12 days Hospital, Institution, or street address where death occurred: Vet.Adm.Hosp. Fort Howard, Md.	Street No. 113 Northern Parkway. (If rural, give LOCATION)
3. (a) FULL NAME	3.(b) Social Security Number unknown
1. Sex S. Color or race 6.(a)Single, married, widowed, or divo	MEDICAL CERTIFICATION 20. DATE OF DEATH Jamary 21 1948 9:21 Au
6.(b) Name of husband or wife Elizabeth Hudson 7. Birth date of deceased (mo., day, yr.) January 2 1948	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 1948 to January 21 1948 and that I last saw h im alive on January 21 1948
8. AGE: Years Months Days If less than one day	Uremia 5 days
9. BirthplaceBaltimore, Md. (Town, county, and state) 10. Usual occupation Unemployed	
12. Name Robert F. Hudson 13. Birthplace Baltimore, Md. 14. Matten name Annie Stark 15. Birthplace Maryland	(Include pregnancy within 3 months of death)
Address Fort Howard, Maryland 17. Bulla Date thereof (month) (day) Cemetery or crematory So to National	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Address / 7110 Beland Rd	means of injury Means of injury 23. SIGNATURE A. E. PUGH, M.D. M. D. or other Registrar Registrar Address. Vets. Adm., Fort. Howard, Md. Date signed.

CEPTIFICATE OF DEATH

Reg Diet No 9

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore City or town. Towson 1, Maryland (If outside city or town limits, Write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Eudowood Sanatorium, Towson 1, Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME 4. Sax 5. Color or race 6. (a) Single, married, widowed, of divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Jensely White Married 8.(6) Name of husband or wife Charles & Groy 8.(6) Maller size 27	20. DATE DF DEATH
7. Birth date of deceased (mo., day. yr.) Octoor 10,1920 8. AGE: Years Months Days If less than one day 16 hrs. min	Immediate cause of death
9. Birthplace	Due to Sunce May 1939
12. Name frauk Conghi 13. Birthplace Virginia 14. Maiden name Many Nerton 15. Birthplace Dattimory Mul	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
Personal History - Hospital Records 16. Informant Address Eudowood Sanatorium, Towson 4, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burlal, cremation, or removal, Which?) Cemetery or crematory. Cathedtal Cemb. (day) (year) Localion	Accident, suicide, or hemicide
18. Funeral director Leasy a, Farley Address Fulton and Jayatte St. 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Meene of Injury Injured at werk? 23. SIGNATURE M. D

9-45-15M

VS A15

PLEASE

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

		/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Baltimore		
City or town	state Maryland county	
How long in above place of death? 26 Days	City or town Baltimore (23) (If outside city or town limits, write RURAL and give n	nearest town)
Hospital, Institution, or street address where death occurred:	1006 W. Baltimore Street	
Vets. Adm. Hospital, Ft. Howard, Maryland	(If rural, give LOCATION)	
How long In hospital or institution? 26 Days	2.(a) tt veteran, name war	
3. (a) FULL NAME	3. (b) Social Securit	y Number
LEO F. JIRSA	unknown	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Widowed	2D. DATE DF DEATH Jamuary 26, 19 48	12:00noo
6.(b) Name of husband or wite Widowed - Elizabeth	21. I CERTIFY that death occurred on the date above stated; that I attended de December 31, 19.47, to January and that I last saw him alive on January 26,	26, 1948
7. Birth date of deceased (mo., day, yr.) 5-25-93	Immediate cause of death TUBERCULOSIS, PULMONA	
8. AGE: Years Months Days It less than one day		and the same of th
54 8 1hrs	BILATERAL, FAR ADVANCED, ACTIVE	plus
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Unemployed	Due to.	
11, Industry or business		-
	Dther conditions Chronic Nephritis	Unknown
12. Name William Jirsa 13. Birthplace Germany	Encephalomalacia	3 yrs.
E 14. Maiden name Mary Sauers	(Include pregnancy within 3 months of death) Major findings of aperations.	plus
15. 8irthplace Germany	Date of op.	
16. Informant Clinical Records, Vets Adm. Hosp.	Aotopsy results. Substantiated Above	
Fout Hammed Mouseland	PHYSICIAN: Please onderline the cause in which death should be charge	ed statistically.
Address FOFC HOWARD, Mary Land 17. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory. Date thereof (myonth) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide	
	No. 19	(State)
Location Baltimore	Injured at home, farm, Industry, public place (where?)	
Georged & Rich	Meens of Injury Injured at work?	
18. Funeral director Address 5305 Markord Road	Viscinlo	20%
104 - 108 -	23. SIGNATURE V. SCIULIO, M.D.), or other
19. Juniary 27 48 a. W. Helina (Mate rec'd by registryr) Regist	trar Address V.A.H. FORT HOWARD, MD. Date signer	1-26-48

MARGIN

WRITE

PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

260			30
00			20
Reg.	Dist.	No.	

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
3.(a) FULL NAME L'ERE'E Z. Vo:	Auson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widered, or diversed Frequency White Single 6.(b) Name of husband or wite	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. ICERTIFY that death occurred on the date above stated; that Pathended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days tiless than one day 9. Birthplace	and that I last saw h alive on 1900 1900 1900 Immediate cause of death OURATION 2000 Immediate cause of tease o
11. Industry or business Hay Co. Hay Co. Hay Co. 12. Name	Oue fo
16. Informant Address # 446 Union wood Cor 17. Burial cremation or remove Wijch?) Cemetery or company Location Balto Mal	Aatopsy resalts. PHYSICIAN: Please anderline the code to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?)
18. Funeral director William Cook Suc. Address 219 St. Paul St. 19. Jan 14 19 47 a. W. Hedred Registrar) Registrar	Means of injury Injured af work? 23. SIGNATURE M. D. or other Address Address Address Address M. D. or other 3

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

86

CERTIFICATE OF DEATH

or Dist No.

01047

	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infants give residence of mother) State
3. (a) FULL NAME Saudra Xpluson	3. (b) Social Security Number
4. Set F. Color or race S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH JANY 19 48 21 13 48
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from 19
9. 8irthpiace. Bultimer (Town, county, and state) 1D. Usual occupation.	Due to.
11. Industry or business 12. Name Druck Johnson 13. Birthpiace 14. Maiden name annie stephenson 15. Birthplace	Other conditions
Address Blane way Jurues Sta. 17. Durial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Autopsy results
18. Funeral director Charles Address 802 Mad. Ave. 19. Jan 24 19 48 Q. W. Hedrick Registrar	Where did Injury occur?

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01048

1. PLACE OF GEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 22 County	(For newborn infants give residence of mother)
City or town	State Melesay County County
How long in above place of death?	(If opposed city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 110 Sandler and all
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joanna Eleg.	ebeth Kahoe 3. (1) Social Security Number
4. Sex 5. Color grace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale white Widow	20. DATE OF DEATH JAMES AND 18 48 at 7 46 PM
8,(b) Name of husband or wife Galward Michael Kaho	21 A CERTIFY that death occurred on the data above stated; that t attended decased from
De seal	Jan 7 1048 12 Jan 12 1948
7. Birth dale of years	and that I last saw h. A. alive on Johnson J. J. J. G. 19
deceased (mo., day, yr.) Suff. 8, 1866	
8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
81 3 24nin.	
4.1.0	Chronis modernich
8. Birthplace	Due to
10. Usual occupation. Amsewifs	. artis deliens
11. Industry or business	Due to.
12 Name Caniel P. Lynch	
12. Name 12. Name 13. Sirthplace 3. Section 13. Sirthplace	Other conditions of the condit
	(Include pregnancy within 8 months of death)
5	Major findings of operations
15. Birthplace reffered	
18. Interment Mes - Lessone los	Autopsy results
Address 110 Suddesook Cles Defendet	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 :0 0 .11 1940	22. VIOLENCE: If death was due to external causes, fill to the following;
Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did lajury occur?
Location Tekesville, Massiland	Injured at home, farm, Industry, public place (where?)
18. Funeral director to leave 4. Mariella	Means of injury tojured at work?
0-1 -11 511	
Address Tekesvelle Maryland	23. SIGNATURE 6. 6. Michaels MW
1-15- 1X 2) Ulehal	M. D. or other
19	Address Seeserle & Mel Date signed 1-14:48



9.45-15M

SA

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01040 Reg. Dist. No. 32

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale. May low County Baltimore City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. Hand Road (If rural, give LOCATION) 2.(a) If yeteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced with the state of section of the state of section of the section of th	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15 October 19.48 to 9.30 m and that I last saw h. alive on 8 January 19.48
7. Birth date of deceased (mo., day, yr.) 7 eb. 25, 1870 8. AGE: Years Months Days If less than one day 10 14	Immediais cause of death
9. Birthplace Service (Town, county, find state) 10. Usual occupation H. W. 11. Industry or business Yes Ye	Due to
14. Maiden name	(Include pregnancy within 8 months of death) Major fiedings of operations
17. DURING Date thereof 1/2/48 (Burlal, cremation, or removal, Which?) Cemetery or crematory ORRAINE Location 13AL + MORE MD.	22. VIOLENCE: tf death was due fo external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. U.) A. T. TICKNER TOONS. TNC. Address North To PVES. BALTO MD. 19. Jan 12 19. 49. G. W. Hedrich Registrar Registrar	23. SIGNATURE Charles H. Williams M. D. or other Address Pikewille 8, md. Date signed 4 pan 48

WRITE PLAINLY, is especially PLEASE A15 4 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01(151) 48 Reg. Diat. No.

1. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Baltimore:	(For newborn infants give residence of mother)	
City or town	State Mary Card County Baltimore	• 4
How long in above place of death?	City or town Kodge forest Skanows Court.	
Hospital, institution, or street address where death occurred:	Street No. 775 / North Point Creek Roa	d
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	•••••
3. (a) FULL NAME	3. (b) Social Security Number	r
Frank 9. Keinon	and,	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF GEATH January 13 19.48 at 3.4	45 A
On aplice Maineman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife y grant the form of the	Sune 1947 to January	
7. Birth dale of 26 Co. It alive, give age	and that I last naw h	19.48
deceased (mo., day, yr.) Sept. 11, 1888		URATION
8. AGE: Years Months Days It less than one day	Cerebral metartaris 80	M.C.
59 2 27hrsmin.		***********
3. Birthplace Finland	Due to Generalised Carcinoma-	
(Town, county, and state)	torca-locus unditermined	
10. Usual occupation	Due to	
11. Industry or business		
12. Name Unknown	Other conditions	
13. Birthplace Finland		
" Matilda	(Include pregnancy within 3 months of death)	
14. Malden name Find read	Major fiediess of operations.	
15. Birthplace Fulcand	Date of op	
16. Informant Mrs. Josephune Kemozen	Antopsy results	ll e
Address 775/ North Point Creek Rd - Sparrows Pour		My.
B. I Soul In In LA	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
(Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Whera did Injury occur?)
Lessier Enterw Blad, Balto Co.	Injured at home, tarm, Industry, public place (where?)	
Robourd & Liolege	Meens of Injury Injured at work?	
18. Funeral director	0 0 0 0 00	
Address 2/12 Hundalk ave	23. SIGNATURE DOSE MOOSEN MD.	
4 Am 11- 48 Tenory L. Harber	M. D. or other	
Vate rec'd by registrar) Registrar	Address 1209 No Collect St. Date signed 14 feet	many ?



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01051 Reg. Diat. No. 30

City or town(I How long in above pla Hospital, institution, Opit	Baltimor. Catonsvill foutside city or town li ce of death? or street address where z Nursing H or Institution?	e Md. mits, write H death occurred	URAL and give nearest town)	City or town Raltimore (If outside city or town limit Street No. 3620 Edmondson (If rural, giv 2.(a) If veteran, name war	ts, write RURAL and give n	earest town)
4. Sex	5. Color or race	(6 (a) Singl	e, married, widowed, or divorced		ERTIFICATION	
M M	W		Widower	20. DATE OF DEATH Jan. 28, 194		,5:00 P
6.(b) Name of husbar 7. Birth date of deceased (mo., da	nd or wife Mary	Ellen s.(c) If allve, give ageyears	21. I CERTIFY that death occurred on the date at 19 and that I last saw h	148, 10 Ja Zi	ceased from 19.48 19.48 DURATION
	ars Months	Days	It less than one day	Immediate cause of death.		DORATION
10. Usual occupatio	Retired (lørk	Ca. Md.	Oue to	cula.	2 V yr
14. Malden nan 15. Birthplace	Maryland			Major findings of operations.	Date of op	
Address 36		n Ave;	Balto, Md. Balto, Md. (month) (day) (year)	PHYSICIAN: Please underline the cause to v	which death should he charge auses, fill in the following;	ed statistically.
Cemetery or crem	xx Cedar Hi	11 Cen		Where did injury occur?(City or town)		
			d.	Injured at home, farm, industry, public place ((where?)	
Address No	WM. J. T. orth & Pa.	Aves;	& SONS INC Balto., Md. Registral Registral	Mesns of Injury 23. SIGNATURE 23. Address.	Zierles Place M. D. Date signe	245 per other 9/48

2411 N. Charles St., Baltimore

01052

NE)			- 1	1	4
Reg.	Diat.	No.		7	<i>[</i>

CERTIFICATE OF DEATH

•	
1. PLACE OF DEATH: County Baltimore City or town: Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 16 Days Hospital, institution, or street address where death occurred: Vets Adm. Hosp. Fort Howard, Md. How long in hospital or institution? 16 days 3. (a) FULL NAME CLARK E. KING 4. Sex 5. Color or race (S.(a) Single, married, widowed, or divorced Male White Married	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland
6.(b) Name of husband or wife Margaret C. King 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 51 B 9 10 hrs. min. 9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5 1948 to January 21 1948 and that I last saw him alive on January 21 1948 Immediate cause of death Encephalomyelitis, cause undet 5 weeks plus Due to Dither conditions
14. Maiden name Alice Gold (Alice L. Gold) 15. Birthplace Pennsylvania 16. Intermant Clinical Records, Vets.Adm.Hosp.	(Include pregnancy within 8 months of death) Major fieldings of operations
Burial Date thereof Jan. 24, 1948 (Burial, cremation, or removal. Which?) Cemetery or cremator. Best timore National Cemetery Location Baltimore, Md. 18. Flancel director Address 4510 Liberty Heights Ave.	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
19. 1/22 19.48 A.W. Hedril	Address VAH. Fort Howard. Md Date signed 1-21-18

	3. (b) Social Security N	
	194-07-09	977
MEDICAL	. CERTIFICATION	
20. DATE OF DEATH. January 21	198	14:30 A
21. I CERTIFY that death occurred on the da Jamuary 5		
and that I last saw h <u>im</u> alive onJ		
Encephalomyelitis	cause undet.	5 weeks
Due to		
Due to		
Jue 10		
Other conditions		***************************************
(Include pregnancy with	in 3 months of death)	
Major fiedings of operations		
	Date of op	
Autopsy results. no autopsy PHYSICIAN: Please nuderline the cause	to which death should he charged s	tatistically.
22. VIOLENCE: If death was due to extern		
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or to		
injured at home, tarm, industry, public pla	^	
Means of injury	Injured at work?	
23. SIGNATURE The E. The	chillou	
23. SIGNATURE M.E. McMillar	n, M. D. M. D. o	Pother
WAH. Fort Home	Thennie stell by bre	-27-1.8

MARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefully. The it. Physicians: please write the causes of death clearly and legible

PLEASE

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

01(153) Reg. Diat. No. 42

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Baltimore	State Maryland County Ballimore
City or town. (If outside city or town limits, write RURAL and give nearest town)	G A A A
How long In above place of death? 25-year	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1265 Maple-Que
1265 Maple ave	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Caroline Rebecca Kirchner	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married.	20. DATE OF DEATH & January 19 48 . 1 10 30 to
6.(b) Name of husband or wife John Kusehner	21. I CERTIFY that death occurred on the date above stated; that I attended decreased from
	Decembe 15 1947, 10 James 8 1944
7. Birth date of deceased (ma. da", yr.) 1870, December 18	and that I last saw h an alive on famous 18 48
	Immediate cause of death
30 4 7/	Blant failure, auto 1mo.
9. Birthplace Baltman (Town every ond stay)	Due to Coronny occlusion I day.
1D. Usuat occupation. Horning	
11	Due to.
TI, Illustry of Galilles	
Ē.	Other conditions
	(Include pregnancy within 3 months of death)
HE 14. Maiden name unknown 15. Birthpiace unknown	Major fiedings of operations
2 15. Birthpiace unknown	Date of op.
16 Interment husband - John Kirch MOR	Aotopsy resolts
Address 1266 maple au " - ARbutus.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 1. F. 110/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, of removal Whish?) Date thereof (mgnt) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Westerne Cecellary	Whern did Injury accur?
Location Galterie na Red	Injured at home, farm, industry, public place (where?)
5- B 91.11.1 XX	Beens of Injury Injured at work?
18. Funeral director	
Address 1000 Centary Tel.	23. SIGNATURE William Joachman M.D.
1 Same 10 10 48 Der Liebson	M. D. or other
19	Address 1334 suphan spring Road Date signed & Suman



CERTIFICATE OF DEATH

	arles St., Baltimore 940
CERTIFICA	ATE OF DEATH Reg. Diat. No.
County City or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	Street No
How tong in hospital or institution?	2.(g) if yeteran, name war
3. (a) FULL NAME	EWSKi 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced remails white married.	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name othusband or wife alexander. Kiselewske 6.(c) If alive, give age 38: yes 7. Birth date of 6.60 If alive, give age 38:	21. I CERTIFY that death occurred on the date above stred; that I atlended deceased from 19
8. AGE: Years Morbs Days tf less than one day 9 6	Immediate cause of death DURATED DURAT
9. Birthplace	Due to
12. Name Frank Stachowski: 13. Birthpiace Poland.	Other conditions
14. Malden name Katherine Chester. 15. Birthpiace Paland.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Anna Lacy.	Autopsy results
Address 2425 Jucalinary Retts - 14 - 17 Burial (Bnriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to externat causes, fill in the following; Accident, suicide, or homicide
Location Ballimore County Md	Where did injury occur?
18. Funeral director Sleans a Weber Address 705 8 Punn 16	Meane of injury injured at work?
19. January 26 48 a.w. Helice	23. SIGNATURE Access M. D. or other M. D. or other Address Address M. D. or other

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

934

CERTIFICATE OF DEATH

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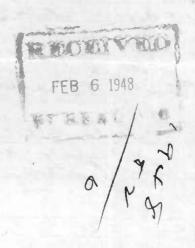
1. PLACE OF DI	EATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County Baltimore Catonsville				State Manyland County Balt City		
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)			
How long in above place	e of death?8mo	onths	***************************************	City or town Baltimore (If outside city or town limits	s, write RURAL and give near	rest town)
Hospital, Institution, o				Street No. 1702 Hollins	St.	
			oital	(If rural, give		
) MONTH	3	2.(a) It veteran, name war	······································	
3. (a) FULL NAM	E				3. (b) Social Security 1	Vumber
Paul 1	Kolosis					
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	white	W	idowed	20. DATE OF DEATH January 17.	701.8 41.8	at 0.70 A
				21. I CERTIFY that death occurred on the date abo		
			ما المحمد	May 23		
			(c) If alive, give age deceased	and that t last saw him alive on Janu	iary 16	10 118
deceased (mo., day,	yr.) October	10, 1	382	Immediate cause of death		DURATION
8. AGE: Year		Days	It less than one day	Acute Myocardial		l hr.
65	3	7	hrs min.		OF THE STATE OF TH	
9. BirthplaceYu	goslavia	n, county, and	atate)	Due to Chronic Myocardial	Heart Disease	years
10. Usuat occupation				Due to Generalized Arteri	osclerosis	years
				Other conditions		***************************************
	Yugos			(Include pregnancy within 3 r	months of death)	
				Major findings of operations		
15. Birthplace	Yugosl	lavia				
			nd (friend)	Autopsy results.		
			1	PHYStCIAN: Please underline the cause to wi	hich death should be charged a	tatistically.
12	02 Hollins	Sota	Jan 76-1948	22. VIOLENCE: If death was due to external cau	uses, till in the tollowing;	
(Burjai, crematio	n, or removal, Which	Date the	(month) (day) (year)	Accident, suicide, or homicide	Oate ot	
Cemetery or cremat	MN	alex	et.	Where did in jury occur?(City or town)		(C4-4-)
Gemetery of Crema	(2) alts	7	ud,	(City or town) Injured at home, farm, industry, public place (wi		
Location	010	12 7	0 11/0000 1			
t8. Funeral director	TYUY	12.11	1. Walles	Means of Injury	Injured at work?	
Address 1/2	ractr	stre	eky lb	Oscourt Are	, 7	
	1 11	0 14	11,1600	23. SIGNATURE	М. D. о	r other
19. (Date rec's by r	19. 2	S VI	W. Carrel Registrar	Address		
(Date Lec b ph L	GRape at 1		The Right Wil	** AUGICSS	nate stRued	

CERTIFICATE OF DEATH

	CERTIFICATE	A d	01(154) Reg. Diat. No.
How long in above place of death?	DRAL and give nearest town)	Street No(If rurs	nee of mother) County
How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single	s S hAc	EY.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single	married, widowed, or divorced	MEDICA 20. DATE OF DEATH	1 CERTIFICATION 30, 19 +8 19 +9.
8.(b) Name of husband or wife	Alley, give ageyeara	you 30	
8. AGE: Years Megha: Bays 9. Birthplace (Town, County, and a land occupation of the land occupation occupatio	1. 1866	and that last saw h	Mrombosis 1/2h
9. Birthplace		Duê tơ	,
1D. Usual occupation	/	Due to	
	engo De.	ner conditions	thin 3 months of death)
13. Birthplace 14. Maiden name		Major findings at operations.	
. D 18 Informant	- 2 1		se to which death should be charged statistically.
10 4	(month) (day) (year)		Date of
Cemetery or crematory Location	Type!		town) (County) (State)
1B. Funeral director.	ry Thed	beford J.	Hudson mo
19. FUL 1948 C	. Z. Cullur	Address For	R M. D. or other Date signed 1/31/4

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Bee

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 51 &

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

Reg. Diet. No. 40

/							
1. PLACE OF DEA	TH; .			2. USUAL RESIDENCE	E (HOME) OF	DECEASED:	
County	timos	<u></u>				ty	
City or town	LENN ARM	MARYLA	ND URAL and give nearest town)	101			
How long in above place of	of death?	timites, write it	**	City or town(If outside	e city or town limits,	e write RURAL end give ne	arest town)
How long in above place of the Hospital, institution, or s	street address when	e death occurred		de d	i.		
		**************		Street NU	(If rural, give I	LOCATION)	
How long in hospital or	Institution?			2.(a) It veteran, name war	NO	***************************************	
3. (a) FULL NAME			-1 /			3. (b) Social Security	Number
	Edo	ar	H. LAN	15		None	
4. Sex	5. Color or race	6.(a)Single			MEDICAL CE	RTIFICATION	
M	W	Me	arried	20 2475 25 25474	ann	ary 11 , 40	1 al 6 P
	Tione	int Onle	low Towe	20. DATE OF DEATH.	A		
B.(b) Name of husband of	r wite	Ter Oak.	Ley Laws	21. I CERTIFY that death occ	8	e stated; that I affended dec	
			c) If alive, give agey	Pars		W . // d	
7. Birth date ot deceased (mo., day, yr)	Oct	1, 1864	and that I last saw h	. //		19.4.8
8. AGE: Years	Months	Days	It less than one day	Immortate cause of death.	ush	0-01	. DURATION
83	3	10	hrs	nin. Olas	7.010	14Panel	345
TEP 9	. 3 NT	omo Can		- growe			
9. BirthpiaceWi	nasor, N	n, county, and	state)	Due to	=======================================		
an a					***************************************		***************************************
				Due to			***
11. Industry or business	Toke Town						•••
12. Name	Omi Laws		9 =	Other conditions	***************************************		
	Rodden, No	Va Scot	1a	(Include p	oregnency within 3 m	nonths of death)	
普上 14. Maiden name	Elizebe	th Cork	um				
E Bi-Ab-loos	Chester	Nova S	cotia			Date of op	
14. Maiden name 15. Birthplace 16. Informant	Harrie	t O. Ta	ws				
				PHYSICIAN: Please under	rline the coose to wh	ich deeth should be cherged	stotisticolly.
Mudicas	en Arm, N	·a.	2/24/42	22. VIOLENCE: It death w			
Cremati	on	Date ther	1/14/48 (month) (day) (year)			Date ot	
(Burial, cremation,	or removal. Which						
Cemeter) or cremator	y Loudon	Eark or	oma our y	Where did Injury occur?			(State)
Location Ba	ltimore,	Md.		Injured at home, tarm, Indus	stry, pub ¹¹ c place (wh	ere?)	
18. Funeral director.W	M. J. TT	CKNER &	SONS INC.	Means of Injury		tojured at work?	
7T - 201	th & Pa.	Aves.	Balto, Md.	(1).00	1 4	1. 6. 1	11 X
Address NOT	OIL OF LEVE	124000	0 /	STELLTUR STOLL	as:V	Judson	JII J.
1/12	19 🗸	2 1	1. W. Kedi	ed 10 -	Zul	MIA M.D	or other
Date read by rec	ristrar)		Regis	ror Address	-UV	Date signed	11148

WRITE

PLEASE

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

or Dist No 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Dalto	Day of
(If outside city or town limits, write RURAL and give nearest town)	11/10/
How tong in above place of death? 2 weeks 5 clarys	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
monkton, ma.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Beverly SCAFlETT Lee	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 Colored Single	20. DATE OF DEATH. 21 8 A. M.
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
	19
7. Birth date of 10 a 2 0 1 0 1 1 2	end that I last saw halive on
decessed (mo., day, yr.) All. 27, 1947 8 AGE: Yoars Months Daye It less than one day	Immedia cause of death.
o. Add.	Alreng fed from despurshing
	2 ragh
9. Birthplace	Due 10.
10. Usual occupation.	Buelo
11. Industry or business	DUC (U.
	Other conditions.
12. Namo Frederick Tel. 13. Birthplace Phoenix, Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name alwathy Jones 15. Birtholace won netwow. Md.	Major findings of operations.
D in the part of t	Date of op
18. Informant Frederick Lee	Autopsy results
Address / Westminister, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external caucee, till in the following:
11. Date thereol (month) (day) (year)	Accident, suicide, or homtelde. ACCI OR NT. Dato of 118/48
Gemetery or crematory MT, Gun	Where did injury occur?
location Long Green md.	Injured at home, farm, Industry, public place (where?)
William of fol at an Da	Means of injury injured at work?
18. Funeral director Waldell M. J. Call Market J. J. Col. 10. 10. 11. 11. 11. 11. 11. 11. 11. 11	2, 0
Address 1,701 m. Culloh St. Balto, Md.	23. SIGNATURE 1. My, France
1 119 188 H.W. Hedrick	M. D. another
(Date/rec'd by registrar) Registrar	Addross Tarleton Ind, Date signed // 18/8

State Mary land County Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Reg. Dist. No.

ion carefully. information of death cle

1. PLACE OF DEATH: Baltimore Raspeburg, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 21 years Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 4. Sex white married male Dorothea M. Lewis 6.(b) Name of husband or wite. .6.(c) If alive, give age years 7. Birth date of March 22nd, 1863 deceased (mo., day, yr.) If less than one day 8. AGE: 12 Maryland (Town, county, and state) 9. Birthplace..... Retired U.S. Instructer 10 Usual occupation... Naval Academy 11. Industry or business 12. Name...... 13. Birthplace Fred Lewis 12. Name..... Unknown Magadalena Thamet 14. Maiden na 15. Birthplace Maryland Mrs. Frederick Robier 16. Informant..... 7410 Kenleigh Ave., Address burial (month) (day) (year) (Burial, cremation, or removal, Which?) Mount Carmel Cemetery or crematory Baltimore, Md. Belair Road

Raspeburg, Md.
(If outside city or town limits, write RURAL and give nearest town) 7410 Kenleigh Ave., 2.(a) It veteran, name war... 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from DURATION (Include pregnancy within 3 months of death) Major lindings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? (State) (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury M. D. or other

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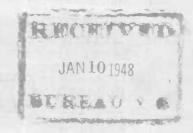
important.

especially PLAINLY, is especially

WRITE

PLEASE

Date rec'd by registrar)



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Means of Injury

23. SIGNATURE

73a

Reg. Dist. No. 44

1. PLACE OF DI	FATH.			-
County	Baltin	**********************	***************************************	***************************************
City or town	outside eity or town	timore	RAL and give neares	t town)
How long in above plac	e of death? or street address where	death occurred:	*******************************	
16	25 Dartf	ord Rd.	- 21	••••••
How long in hospital (***************************************	***************************************
			RY LINDE	
4. Sex	5. Color or race		narried, widowed, or div	orced
	A A		Sowers) I	indem
6.(b) Name of husband	d or wife		If alive, give age55	
7. Birth date of deceased (mo., day,	yr.) April	28, 18		Ayears
8. AGE: Yea 56	rs Months	Days 13	If less than one dayhrs.	min.
9. Birthplace	aryland			
fO. Usuat occupation	Retir	ed - 5	yrs.	
ff. todustry or busine	ss Simps	on & Do	eller	
当 f2. NameJ	ames W.	Lindemo	re	***************************************
	Marylan			
14. Maiden name		ae Corr	18	************
-1 10. Billiplace				
TO, Informant	mes H. L			- son
AUUIESS	325 Dartf	ord Rd.		
Buri	al	. Date thereof	1/13/48	
(Burial, erematio	n, or removal. Which	?)	(month) (day)	(year)
Cemetery or crema	timore,	Monular	nevery	***************************************
Location	HENRY SA			
fR Funeral director.	RTH AVE.			
Address	min AvE.	œ Drul		
. Ann	13 .4	7 6	W Bea	luch

2. USUAL RESIDENCE (HOME) OF DI (For newborn infants give residence of moth	ECEASED:
Ma.	Baltimore
State	
City or fown Rural Baltimor	ete RURAL and give nearest town)
Street No1625DartfordF	
2.(a) If veteran, name war	
	3. (b) Social Security Number 215-09-2152
MEDICAL CERT	CIFICATION
Januar	y 10 48 8.30A
2D. DATE DF DEATH	19
TIO CERTIFY that death occurred oo the date above st	
· Just 1943	2 5 10 Exame date 19 1948
and that I last saw h alive on	2.5
Immediaic cause of death	Secors hap if
Due to Alexanter	
Due to Believe f Ce	that 2 mi
Uther conditions	
(Include pregnancy within 3 month	hs of death)
Major findings of operations	921
	Date of op
Antopsy results	death should be charged statistically.
22. VIOLENCE: If death was due to external causes,	fill in the following:
Accident, suicide, or homicide	C Date, of
Where did injury occur?(City or town)	(County) (State)
the state of the s	

MARGIN RESERVED FOR BINDING

orrect age

information carefull of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

important.

PLAINLY, is especially

WRITE

PLEASE

(Date ree'd by registrar)

9-45-15M

VS A15 9.

2411 N. Charles St., Baltimore

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OTHOT

CERTIFICATE OF DEATH

Dist. No. 44

			OBILL II TOIL	Reg. Dist	110-
1. PLACE OF I	DEATH: Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Barthiore City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 days Hospital, institution, or street address where death occurred: Vets. Adm. Hosp. Fort Howard, Maryland How long in hospital or institution? 12 days		Slate Maryland County Baltimore Baltimore 22 City or town City or town limits, write RURAL and give nearest town) Street No. 6 Avon Avenue (If rural, give LOCATION) 2.(a) It veteran, name war. WW-II			
					3. (a) FULL NA
CLAY LIS	SK			Unknow	
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATI January 16	
6,(b) Name of husb	and or wite sing			21.1 CERTIFY that death occurred on the date above stated; that late Jamary 5	ended deceased from
7. Birth date of deceased (mo., d	ay, yr.) Septemb		c) If alive, give ageyears 1897	and that I last saw h. im alive on Jamuary 16	19 448
U. AUL.	ears Months	Days 16	If less than one dayhrsmin.	Tuberculosis, pulmonary, bilater far advanced, active	
9. Birthplace	IInomnlar	, county, and	na state)	Due to	
11, industry or bus	Iness				
	obert E. Li Troy, N.C.	sk		Other conditions	
H 14. Maiden na	me Betty McD			(Include pregnancy within 3 months of desth) Major findings of operations. NONE	
₹ 15. Birthplace				Date of	ор
16. Informant C	linical Rec Fort Howar		lets.Adm. Hosp.	Autopsy results	e charged statistically.
	tion, or removal. Which		reol	22. VIOLENCE: If death was due to external causes, fill in the follow Accident, suicide, or homicide	ring; e ot
Cemetery or cre	matory Baltimo	re Nat	ional Cemetery	Where did injury occur?	
Location 5501 Frederick Ave. Balto.Md.			Balto.Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral direct	Roland Fi	sher		Means of Injury Injured at	WORKE
Address 2112 Dundalk Ave. Balto.Md.		23. SIGNATURE JACK MORROW, M.D.	M D or other		
19. Opte rec'd b	/9 - 19.48 y registrar)	2	awen Lo. Harby Registrar	TAU DO Howand Md	

WITH UNFADING INK. Supply every item of inform important. Physicians: please write the causes of de

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information carefully, of death clearly and



2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If ontside city or town limits, write RURAL and give nearest town)	State Maryland County Baltimore	00000*****
(If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? 30 yrs Hospital, institution, or street address where death occurred: How long in hospital or institution?	City or town Owings Mills (If outside city or town limits, write RURAL and give no Street No. (If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAME BERTHA IRENE LUTZ	3. (b) Social Security	Number
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White munich	20. DATE OF DEATH January 25, 19 48	8:30 Al
6.(b) Name of husband or wife. Albert Lutz	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
7. Birth date of 7. 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000 3 000000	For about two years 10 Jan. 25	5. 19.48.
7. Birth date of deceased (mo., day, yr.) July 27, 1888	and that I last saw h. er alive on Jan. 20,	
8. AGE: Years Months Days If less than one day 59 5 28 hrs min	Immediate cause of death	DURATION
The state of the s	Coronary Thrombosis	Sudden
9. Birthplace Carroll County, Md. (Town, county, and state)	Due to	***************************************
10. Usual occupation Housewife	Chronic Myocarditis	2 to 3 yr
11. Industry or business	Due to	2 to 3 vr
	Other conditions	
12. Name George Ste	None	**
	(Include pregnancy within 8 months of death)	
H 14. Malden name Ida May Poole 15. Birthplace Carroll County	Major findings of operations	
Albert Inte	Bate of op	
Owings Wills Wa	Antopsy results	
Burial Jan. 28.1948	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burlal, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Taylorsville Cem.	Where did injury occur?	(State)
Location Taylorsville, Carroll County	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Wm Berryman & Sons	Means of Injury Injured at work?	0
Address Reisterstown, Maryland	Chich had)	whi
19. 1/27/ (Date rec'd by registrar) 19. 1/27/ (Date rec'd by registrar) 19. 28. 7/124-48. Registrar	23. SIGNATURE M. D. Address Address M. D. Address	or other 1-27-48



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

01063

CERTIFICATE OF DEATH

eg. Diat. No. 4

	(If outside city or town limits, write RURAL and give nearest town) Street No. 1902 Maxwell Ave. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed	MEDICAL CERTIFICATION
6.(6) Name of husband or wife Ludwig 6.(c) If alive, give age 7. Birth date of	2D. DATE DF DEATH
deceased (mo., day, yr.) July 4,1869	Immediaio cause ol death Duration DURATION
8. AGE: Years Months Days If less than on	2 March - Miles
9. Birthplace Baltimore (Town, county, and state) 10. Usual occupation	Diher conditions Myses and Desputation of death)
16. Informant Mrs. Catherine Ziegler Address 1904 Maxwell Ave.	
17. Burial Date thereof 1/12 (Burial, cremation, or removal, Which?) Cemetery or crematory. Oak Lawn	2/48 (day) (year) Accident, suicide, or homicide
Location 7225 Eastern Ave.	
18. Funeral director. Clarence F. Hoffmann Address 1639 Breadway	260 Evan 410
19. Jun 12 18 A. W. He	Buch M. D. or other A. Next Go have Bate circuit / -10-4 F

PLAINLY, V

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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U	1	1	J	U	4

CEDTIFICATE OF DEATH

42

CERI	Reg. Diat. No
1. PLACE OF DEATH: County	(If outside city or town limits, write RURAL and give nearest town)
JOHN A. MAGSAMEN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or d	WEDICAL CERTIFICATION
male white married	20. DATE OF DEATH January 15th, 1948 at 2:35P.
6.(6) Name of husband or wife Louise M. Magsamen 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) January 23, 1884	1 19.7 K
8. AGE: Years Months Days It less than one day	
63 11 22hrs.	Modakins lisease 8 ma
9. Birthplace	Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Oate of
19. 1-17 19. 48 Q.W. Jes (Date roc'd by registrar)	23. SIGNATURE AUGUST M. D. or other M. D. or other Address 2200 E Made Sala De signed 1116 4

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: Baltimore City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME William Martin	3. (b) Social Security Number 168-12-15-88
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Martied	MEDICAL CERTIFICATION Mid 20. DATE DE DEATH 23 January 19.48 91 12:00 94
B.(b) Name of husband or wife Millie Phipps Martin 6.(c) It alive, give age 47 Tanuary 6 1901	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Unc. 19 47, to 79, 49, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 19, 49, 49, 49, 49, 49, 49, 49, 49, 49, 4
8. AGE: Years Months Days If less than one day 47 hrs. min. 9. Birthplace West Teffetson County N. Carollino (Town, county, and state)	Bueto Coronary Occlusion
10. Usual occupation. Farmet 11. Industry or business Fair View Farm, Menkton Md. Miles Martin 12. Hame. Miles Martin 13. Birthplace North Carolina	Due to Cardio-vascular discase Other conditions Arthrifis
14. Maiden name Minnie & Un Knowy 15. Birthplace ? Un Knowy 16. Infurmant Millic P. Martin	(Include pregnancy within 3 months of death) Major findings of operations
Address Monkton, Md. 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Address Date thereof. (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location 18. Funeral director Address 1363 Presstman 19. Date rec'd by regrittar) 19. Bate rec'd by regrittar) Registrar Registrar	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The springed is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

CERTIFICATE OF DEATH

A		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County / dallo.	(For no porn infants give residence of mother)	
Thornow Pour	State County	*************
(it jutside city or town limits, write RURAL and give nearest town)	19 ofference . 5	
How long In above glace of death?	(If outside city or town limits, write RURAL and give near	rest town)
Hospital, Institution or street address where death occurred:	1015 20-00 0	-0
Tese Mill.	Street No. (If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Seonge mclla	(MCLAIN) 3.(b) Social Security	Number
4. Sex 5. Color or race 8.(a) Angle, married, widowed, or divorced	MEDICAL CERTIFICATION	
no sel marit	() () () ()	410
Mul of graner	20, DATE OF DEATH. 19.48	, 21
Dolla mella	21. I CERTIFY that death occurred on the date above stated; that I attended decea	ised from
6.(b) Name of husband or wife	19	10
7. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) 2 ACF. Years Months Days It less than one day	Immediany cause of death	DURATION
8. AGE: Years Months Days It less than one day		Y
37hrsmin.	Coronary occident.	-23
100-d, N.C.		L.
9. Birthplace (Town/ounty, and state)	Due to	-
1 1 2 2 2		
1D. Usual occupation	Due to	
11. Industry or business detaleper Ted Loys		
# Jan ACarra		
12. Name	Dther conditions	
13. Birthplace	(Include pregnancy within 3 months of death)	
El Usa Kanan	(Include pregnancy within a months of death)	
14. Maiden name	Major findings of operations	
E 15. Birthplace	Date of op.	
Dolla Millam	Autopsy results	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address 1015 Carriosis aug		whet
17 Burial Date thereof 1/30/48	. 22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
mit. (aluent	Where did injury occur?	(State)
Cemetery or crematory		,
Location Stoot Clyn	Injured at home farm, Industry, public place (where?)	
18. Funeral director Elevan O we ilsa.	Means of Injury Injured at work?	
, some antles ane.	(hand o	7
Address O O O O O O O O O O O O O O O O O O	23. SIGNATURE OF MERASSIONE ST	D.
1/28/48 O Worked, Ah	Deputy melecal, Elais	or other
(Date rec'd by registrar) Registrar	Address Q Dt h Q Q Dl - Dat Printed.	1/26/20
	- Police Co Williams	1100

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

458

CERTIFICATE OF DEATH

UUZIJ Reg. Dist. No. 42

1. PLACE OF DEATH: County Balto.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Halethorpe	limits, write	Maple Ave.	State Md. County Balto.
How iong in above of	ace of death?			City or town Halethorpe (If outside city or town limits, write RURAL and give nearest town)
	or street address where			Street No. 4510 Maple Ave.
************************			***************************************	(If rural, give LOCATION)
How long in hospita	or institution?		######################################	2.(a) If veteran, name war
B. (a) FULL NA	ME			3. (b) Social Security Number
. (. ,		MAT	RY CATHERINE MC C	
I. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICATION
F	W		Widowed	20. DATE OF DEATH
s (h) Name of husba	and SPOWNEX	es C. 1	AcCloskey	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
				195/10/500
. Birth date of		6.1	(c) If alive, give ageyea	and that I last saw halive on
deceased (mo., da	ay, yr.) Ma.v	31, 18	368	Immediate cause of death
	ears Months	Days	If less than one day	The Towns C 34
7	0 7	1	hrsmi	n. Care Care
	3			
Birthplace	Baltimore		state)	Due to
O. Usual occupatto	опНола			Due to Andreway ha
1. Industry or busi	229ni			
ad 1		Leinn		South to say
		rs.inge1	M	Other conditions
≤ 13. Birthplace				(Include pregnancy within 3 months of neath)
t4. Maiden nai	Margare	t Fishr	28.W	
5 14. maigen na	mevistendarbyteda.be	o bet e a a da a a chia Peti da da j	90 7-99 to T.	Major findings of operations.
El 15. Birthplace	Md.			Oate of op.
S Informant	Mr. W. B. M	cCloske	2.V	Autopsy results.
				PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address	1706 Lincol	n Drive	7.5	22. VIOLENCE: If death was due to external causes, fill in the following;
17 R11	rial	Date the	reof	
(Burial, cremat	rial tion, or removal. Which	?)	(month) (day) (year)	Mediacini, edited of memilian
Cemetery of Open	Loudon	Pk.		Where did injury occur?
Location	Bal.toMd.		••••••••••••••••••	
18. Funeral directo	or. WM. J. PI	CKNER /	k sons inc.	Msans of Injury Injured at work?
Address No	rth &Pa. Av	es. Bal	to 17, Md.	23. SIGNATURE THE STATE OF THE
. 11	5 10 Y.8	- 1	J. W. Hedrich	M. D. or other
(Date reckl by	registrar)) Registre	Address Date signed

2411 N. Charles St., Baltimore

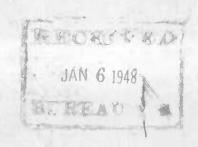
CERTIFICATE OF DEATH

8300

1/	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME John A M	C= Millan 3. (b) Social Security Number
Mule Must Harried Wildowsd, or diverced Mule Must Harried	MEDICAL CERTIFICATION 20. DATE DE DEATH 19.54 \$ 21
6,(b) Name of husband or wife Sacrah G. Jackshar. B.(c) If alive, give age your growth of the sacrah G. Jackshar.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from years and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death demontrage DURATION & Large
9. Birthplace. John Town Pa. (Town, county, and state) 1D. Usual occupation. Multilling Lt. 11. Industry or business Beth. Steel Corp.,	Due to
12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name augline Rager 15. Birthplace	Major findings of operations.
16. Informant Larah G. M. Millan	Autupsy results
17. Burnal, or removal. Which? Cemetery or crematory Blustles for Still	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Johnstow Ge 18. Funeral director Johns Ce Mosan	Injured at home, farm, industry, public place (where?) Moans of Injury Injured at work?
19. Han 2 19. K. 8 Daway L. Harby	23. SIGNATURE DO DE DE SIGNED DE SIG

MARGIN RESERVED FOR BINDING

ELBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



2411 N. Charles St., Baltimore

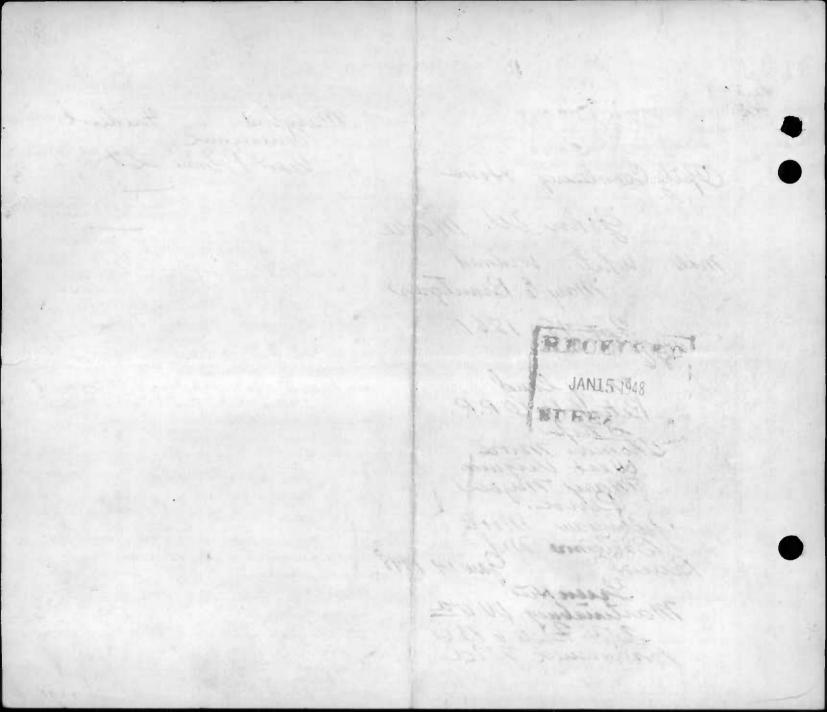
			24
Reg	Dist	No	30

CERTIFICA	TE OF DEATH Reg. Dist. No. 30
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantageive residence of mother) State County County
How long in above place of death? Hospital institution, or strol address where death occurred:	Cily or town. (If outside city or town) limits, write RURAL and size nearest town) Street No. (If rural, give LOCATION)
How long in hosmal or institution?	2.(a) II veteran, name war.
3. (a) FULL NAME John W. Moore	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced while while wants	MEDICAL CERTIFICATION 20. DATE OF DEATH 12 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated: that I attended deceased from 10 20 12 13
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one dayhrs	Cles Negocar or tes 1 mor
9. Birthplace Petrop County, and state) 10. Heart occupation Return B. C. R. R.	Due to Caroro Vas Nusasa
10. Usuat occupation	Due 10
E 12. Name Thomas Marce	Other conditions
	(Include pregnancy within 3 months of death)
HUN 14. Maiden name Holy Mught 18. Birthplace Plyme 1	Major findings of operations. Date of op.
16. Informant Application Marce	Antopsy results
Address & Ballimore Md	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location La H. F. F. S. TO BLO	Injured at home, farm, tndustry, public place (where?) Means of Injury Injured at work?
Address Busselic 771d.	Level Intom 1400
19. 13. (Date ree'd by registrar) 1948 UE. Harry. Registrar	23. SIGNATURE M. D. or other Address Clone Occol Date signed - 1.2 - 4.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct aging important. Physicians: please write the causes of death clearly and legisly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

VS A15



MARGIN RESERVED FOR BINDING

age

1. PLACE OF DEATH:

How long in hospital or institution? 3. (a) FULL NAME

6.(b) Name of husband or

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

1D. Usual occupation. 11. Industry or business

> 13. Birthplace 14. Maiden name 15. Birthplace

Address

Cemetery or -erematory

(Pote rec'd by registrar)

18. Funeral director

(Burial, cremation, or removal Which?)

How long in above place of death?.... Hospital, institution, or street address where death occurred:

5. Color or race

(If outside city or town limits, write RURAL and give ne

S.(c) If alive, give age ...

county, and state)

Date thereof

If less than one d

County...

4. Sex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CER'

23. SIGNATURE.

Registrar

Address 1306

TIFICAT	E OF DEATH	Reg. Diat. No	***************************************
prest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a State Coup. City or town (If outside city op town limits street No. (If rnral, give 2.(a) If veteran, name war.	mother) Baltin	norl #/2 arest town)
rsris	m	3. (b) Social Security	Number
divorced			
uno/ceu	MEDICAL CE	RTIFICATION	
d	20. DATE DE DEATH LAN 26	1948	24 26 N
11	21. I CERTIFY that death occurred on the date about	e stated: that I attended dece	ased from
71	1 / 12 /26	7 10 Jan 20	50K 19 48
years	and that I last saw h alive on	u 15a	19.66
	Immediate cause of death		DURATION
ау	(wemmen de	edema.	24 hon
min.	Jagrandike Gr	2	1 year
	Due to.		
	Beechal Orline.	Adlinie	15 Years
			. whimefine
	Due to		*
u	Other conditions &		
n	(Include pregnancy within 3 m		
	Major findings of operations		
•		Date of op	
12-	Antopsy results	ch death should he charged	statistically.
28/01/	(22. VIOLENCE: It death was due to external caus	es, fill in the following:	
ay M(year)	Accident, suicide, or homicide		
//	Where did injury occur?(City or town)	(County)	(State)
6	injured at home, farm, industry, public place (who	ere?)	
Som	Means of Injury	injured at work?	

UNFADING INK. Supply ant. Physicians: please wr important. WRITE PLAINLY, is especially PLEASE

Dr J Albert Chatard

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00223 Reg. Diat. No. 33

1. PLACE OF DEATH: Counly			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Owings Mills (If outside city or town limits, write RURAL and give nearest town)			State Md county Beltimore
(If outside city or town limits, write RURAL and give nearest town) 23 yrs How long in above place of death? Hospital, institution, or street address where death occurred: Academy Ave Owings Mills How long in hospital or institution?			City or town. Owings Mills (If outside city or town limits, write EURAL and give nearest town) Street No. 42 Cademy Avenue (If rurel, give LOCATION) NO
3. (a) FULL NAM			A(w) 11 reterm, neure wat
S. (a) FULL NAM		le Eby Moser	3.(b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced W	MEDICAL CERTIFICATION 20. DATE OF DEATH
		les David Moser	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.7 and that I last saw h. C. alive oo 15.
8. AGE: Yea	Months 32 -	Bays If tess than one day hrsmln.	Immediato causari death DURATION DURATION STATES ST
9. Birthplace Frederick Co Md (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business			Bue to
E 12. Name Lemuel Eby 13. Birthplace Frederick Co Md			Diher condilloos
14. Malden name Martha Six 15. Birthplace Frederick Co Md			(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
		c ave Owinge MillsM	Autopsy results
Burial Bata thereof Feb 2 1948 (Burial, cremetion, or removal. Which?) Cemetery or crematory Lruid Ricze Cemetery			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
tocation Pikesville Md			Injured at home, farm, industry, poblic place (wbere?)
18. Funeral director. Wm Berrymen & Sons			Means of injury Injured at work?
Address Reisterstown Ad			23. SIGNATURE M.D. or other
19. 1 - 3.1 (Dute rec'd by r	- 19.48. egistrur)	Mary B. F. Line. Registrar	Address less loss a My Date signed 45/. 18



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

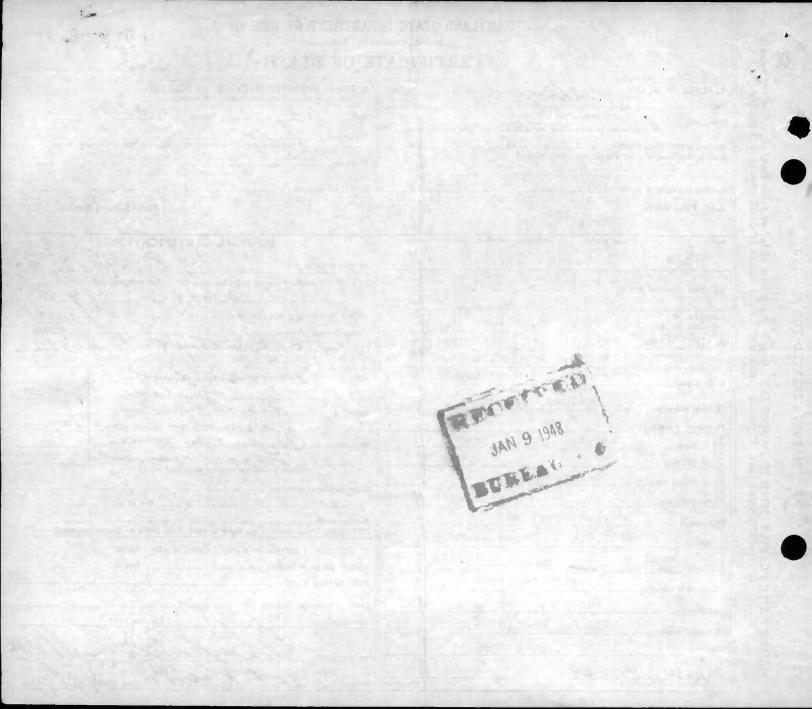
2411 N. Charles St., Baltimore

462

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: County			Street No. 323 022	sidence of mother)		
			gton Newton Sr.			
4. Sex Male	5. Color or raco		e, married, widowed, or divorced	MEDIO 20, DATE OF DEATH	CAL CERTIFICATION	8 955
	or wife		c) tf allve, give ageyears	21. I CERTIFY that death occuped on t	the date above stated; that t attended d	19.48
7. Birth date of deceased (mo., day,	yr.) July	15,	1862	end that I last saw h allve on		7 19 48
8. AGE: Year	s Months	0ays 23	If less than one dayhrsmin.	Immediate cause of death	Lay Failer	DURATION 3 Days
Birthplace Usual occupation. In industry or business.	Retin	eonnty, and	Georgia state) urist	Due to Chilia	False	6.11 mills
	Englial	Par	s Newton	Other conditions Reserve	ale Course	
13. Birthplace	TT. 1			1/ /	ac borne	4
			//	within 3 months of death)		
15. Birthplace	Hancy Tebb 14. Malden name Nancy Tebb 15. Birthplace Unknown			Major findings of operations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. interment Douglas Newton			Autopsy results		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Address	325 Dixi	e Dr	ive Towson, Md.		cause to which death should be charg	ed statistically.
Remova (Burial, operation	r, or removal. Which?)	Date ther	eof Jan. 9, 1948 (month) (day) (year) netery		external causes, fill in the following: Date of Or town) (County)	
Location	Fores	rth, G	orgia		c place (where?)	
	Villian	1 Cool	c, Inc.	Means of Injury	tnjured at work?	
Address			l Street	101.	- le (+0+)	. Ohres
1	8/ 19 4 S	11	Registrar	23. SIGNATURE CALL	Mach Bol Bata slow	D. or other



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9.15.15M	WRITE PLAI
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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all.			2	_
Reg.	Dist.	No.	 7	

1. PLACE OF DEATH: County Baltimore City or town Catonsville 28. Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Spring Grove State Hospital How long in hospital or institution? 7 days How long in hospital or institution? 7 days City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2041 B. North Avenue (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number None	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Spring Grove State Hospital How long in hospital or institution? 7 days City or town Baltimore City or town limits, write RURAL and give nearest town) Street No. 2041 E. North Avenue (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number	
Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 7 days 3. (a) FULL NAME Street No. 2041 E. North Avenue (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number	
Spring Grove State Hospital (If rural, give LOCATION) How long in hospital or institution? 7 days 2.(a) If veteran, name war 3. (b) Social Security Number	
How long in hospital or institution? 7 days 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number	
3. (a) FULL NAME 3. (b) Social Security Number	\$5a N
	15a M
	35a m
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	35a M
Male White Married 20. DATE DF DEATH January 16. 19 48 2122	
6.(b) Name of husband or wife Edith Nicoll 21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from anuary 10, 19.48 to Unnuary 16	48
7. Birth data of and that I lost could 1 m allive as January 16.	
deceased (mo., day, yr.) UCTODer 2/, 1894	ATION
8. AGE: Years Months Days If less than one day Bilateral lobar pneumonia 33	hrs.
53 2 20hrs. Undetermined	
9. Birthplace Maryland Jaren Agranulocytosis in Toxic Origin	def.
Toxic Origin	******
10. Usual occupation. Paper hanger Due to.	
11. Industry or business Interior decoration	
	days
13. Birthplace Pennsylvania (Include pregnancy within 3 months of death)	
14. Maiden name	
16. Informant Hospital Records Autopsy results. As above	
Address Catonsville 28, Maryland PHYSICIAN: Please underline the cause to which death should be charged statistically	
Purial (Burial, cremation, or removal, Which?) Date thereof. 1/19/48 (Burial, cremation, or removal, Which?) Date thereof. 1/19/48 (month) (day) (year) Date of	
Cemetery or crematory Mount Olivet Whera did Injury occur? (City or town) (County) (State)	
Location	
18. Funeral director. HENRY SANDER & SONS, INC. Means of injury Injured at work?	
Address NORTH AVE. & BROADWAY Isadore Tuerk, M. D.	
19. (Date rol'd by registrar) 19. (Date rol'd by registrar) M. D. or other M. D. or other Address. Catonsville 28. Md. Date signed 1/16/	,

PLEASE WRITE

VS A15

In portect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

00226 Reg. Dist. No. 3.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Married	20. DATE OF DEATH. Jan. 14, 1948 19
6.(6) Name of husband or wife Elizebeth S. 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Oct. 8, 1884	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1945 19. to 940 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day 63 3 6	Immediate cause of death DURATION ACUN COVINGY Throndones 15 min. Coving a feet octories?
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Owner 11. Industry or business Norris Milk Products 12. Name Louis F. Norris 13. Birthplace Baltimore, Md. 14. Malden name. Lavina Jones 15. Birthplace Harford Countym Md. Elizebeth S. Norris Address Circle Rd., Ruxton, Md.	Due to
Burial Burial Date thereof 1/66/48	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide

PLEASE

Frect age

MARYLAND STATE DEPARTMENT OF HEALTH

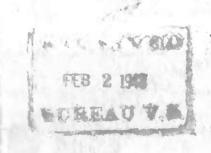
2411 N. Chartes St., Baltimore

940

CERTIFICATE OF DEATH

Rog. Dia 102 370

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced 6.(b) Name of husband or wife 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Morr 9 1867 8. AGE: Years Months Days It less than one day 22	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
9. Birthplace	Oue to Oue to Other conditions believes the face! Other conditions believes the face! (Include pregnancy withing months of death) Major fieldings of operations.
16. Intermant 1.5 point 1. Address 17. Remark 1. Sport 1. Address 17. (Burlint Grennatory removal, Which?) Commetery or crematory Location 18. Funeral director William Cook Suc. Address 19. Paul St. Paul St.	Actopsy resolts PHYStCtAN: Please voderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
19. (Date rec'd by registrar)	Address Galouserth & 28 Md. M. D. or other 1/31/4



carefully.

1. PLACE OF DEATH:

City or fown ...

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	(1)	N	-
	200	600	

3. (b) Social Security Number

Injured at work?

CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) 4900 Cedar Ave. (If rural, give LOCATION)

MEDICAL CERTIFICATION

January 18 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from and that I last saw h im alive on ... (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) (County)

injured at home, farm, industry, public place (where?)

Address Medical Arts Bldg.

Maans of Injury

Registrar

How long in above place of death?..... Hospital, institution, or street address where death occurred: 4900 Cedar Ave. How long in hospital or institution?..... 3. (a) FULL NAME (James W.) William H. Parks 6.(a) Single, married, widowed, or diverced 4. Sex 5. Color or race Widowed Male White 6.(b) Name of husband or wile Mary R. Parks .S.(c) If alive, give age 7. Right date of July 24, 1881 deceased (mo., day, yr.) Days If less than one day 8. AGE: 24 Baltimore County, Md. (Town, county, and state) Retired Ice Dealer 10 Usual occupation ... 11. Industry or business James Parks Baltimore County, Md. 13. Birthplace 14. Malden name Annie Morris 15. Birthplace Treland 18. Intermant Mrs. Annie Brown 4900 Cedar Ave. Address Dafe thereof Jan. 22, 1948 17 Burial (month) (day) (year) (Burial, cremation, or removal, Which?) Loudon Park Cemetery Baltimore . Md. 18. Funeral director Liberty Heights Ave.

Relay
(If outside city or town limits, write RURAL and give nearest town)

PLAINLY, vis especially

WRITE

3. (b) Social Security Number

CERTIFICATE OF DEATH

2. USUAL.	I. RESIDENCE (HOME) OF DECEA	SED:
State	my agent from	rallimon
City or town.	(11 outside city town limits, write R	URAL and give nesrest town)
Street No	(if thro), give LOCATIO	(N)

3. (a) FULL NAME	Richa	d Charles	Pa
4. Se 5. Color	Or n ce 6.(a):	Single, married, widowed, or divorce	d

	MEDICAL CERTIFICATION	V
20. DATE OF DEATH	Jan 6 194	+8 1 1 TA
21. I CERTIFY that death og	expression the date above stated; that I attende	ed deceased from
	19 to	
and that I tast saw h	Hore	19
Impedinic cause of death.	y: Sincerty	1/6/48
Gue to		
Due to		
Other conditions		
(Include p	pregnancy within 3 months of death)	
Major findings of operation	ps	

deceased (mo., day, yr.)	may	50,	192)	
8. AGE: Years	Months	Days	It less than one	day
26	-9	6	hrs.	17
9. Birthplace	Harth	county, and	Com	
10. Usuat occupation	Elec	tucio	~	
11. Industry or business	Self	emp	loyed	
12. Name	Ohenle	. <u>C</u>	Vaul	
	Ish	p, om	2 I lane	(, n.4
14. Maiden name	Evely	n /	amlin	,
	HU	three	Com	•

PHYSICIAN: Please underline the cause to which death should be charged statistically

IS S	1111	in i	the	tottowin	8:	11	1	0
de				bale	of	6	IH.	8
,		5		111		M	1.	
•		10.	(C	ounty)			ate)	

Injured at work?

Location	o sparin,	The ony recu
18. Funeral director	Landen m	
Address	Sparks	, ned

16. Informant.

Address

PLAINLY is especial

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(Burial, cremation, or removal, Which?)

How long in above place of death?...

BINDING

FOR

RESERVED

How long in hospitat or institution?....

Hospital, Institution, or street address where death occurred:



AND DESCRIPTION OF THE PARTY OF

1220

00230

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dallacatal	State March County Ballymore
City or town. (If outside city or town limits, write RURAL and give nearest town)	Jan Land
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of Street address where westh occurred.	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
mary a beach	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I w single	2D. DATE OF DEATH Jan 9 19.48 at 7 A
6,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	Jan. 4 194X to Jan 9. 19 VV
7. Birth date of	and that I last saw handlive on 19.40
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
40hrsmin	1 Priess in a
Butter in al mide	Story a lated Service
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Of horne	Due to.
11. Industry or business	DUS 10
E 12. Name Chee Reach	Dther conditions
13. Birthplace Euro Paring	(Include pregnancy within 3 months of death)
14. Malden name Elia / Lelly	
14. Malden name Eliza ! Itally 15. Birthplace Iseland	Major findings of operations.
trans and Parell	- Date of op.
16. Informant / Wall of the state of the sta	Autopsy results
Address offerente me	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory New Guthedral	Where did injury occur?
Location Baltimore mel.	Injured at home, farm, Industry, public place (where?)
18. Funeral director TC. Ide whathour	Means of injury Injured at work?
Address Elliett Citi. Onel	2-0m +
Autoso City My	23, SIGNATURE . Z. // a.t.u. M. D. or other
19. 1/0/ 1948 / E-/ Janting	Landallatour Boto closed / 10/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9.45-15M

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2411 N. Charles St., Baltimore

00231

CERTIFICATE OF DEATH

or Dist. No. 42

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infapts give residence of mother)
County Dally	M- 1 13 - 01.
Cily or lown	State County County
How long in above place of death?	(If outside city or town limits, write MCRAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2173 forduct and
5173 Vinductore	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margaret Evelyn	rennell von
4. Sex 5. Coloref race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hamale White Wastowed	20. DATE DF DEATH
charl of Pamel	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from
8.(b) Name of husband or wife	1945 10 Jan 29 11 457
7. Birth date of	and that I last eaw hamalive on
deceased (mo., day, yr.) 1005 24 1769	Immediate cause of death Branch School DURATION
8. AGE: Years Months Days If less than one day	my care of a
74 2 1hrsmin.	le gent f
9, 8irthplace amarting Use Va	Due to / / / / / / / / / / / / / / / / / /
9. 8irthplace(Town, county, and state)	and Thendrees Il
10. Usual occupation	Due to Ze O allary + 15 yr
11. Industry or business	del and a land
12. Name Delve I le la	Other conditions 2 2 22
3. Birthplace Pickunt Wa	Thracking of the action
E 14. Maiden name	(Include pregnancy within 3 months of dath)
5 0 1 4 1 1 1 1	Major findings ol operations.
≥ 15. 8irthplace	Date of op.
16. Informant Comment	Autopsy results
Address 5) 73 Vioductaine Kalay my	
17 D. Pate thereof 1 3 - 48	22. VIOLENCE: If death was due to external caucee, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City of town) (County) (State)
Location 3801 typelou ch Court	Injured at home, farm, industry, public place (where?)
St Widnesday	Means of Injury Injured at work?
18. Funeral director.	0000
Address / O(o) 2. OC C.	23. SIGNATURE
19. 1/30 19 48 a. W. Hedrech	Sold of the My D. or other of the sold of

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

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9-45-15M

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MAKYLANII	SIAIR	DEPARTMENT	UP	HEAL.

2411 N. Charles St., Bultimore

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00232

CERTIFICATE OF DEATH

BC			7.	
Reg.	Dist.	No.	0	<u> </u>

1. PLACE OF D		Dal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County City or lown City or lown City outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 16 Fusting Ave House in the Pines			State Md. County City or town Baltimore, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. 1515 Mt. ROYAL AVE. (If rural, give LOCATION)	
3. (a) FULL NAM	ME	JOSEPH E. PERKINS SR	3. (b) Social Security Nu	mber
4. Sex M	5. Color or race	6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan. 14, 1948 19	6:30 P
7. Birth date of		8. (c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased November 15 19.4.7 to Jan. 14	1 trom
8. AGE: Yea		Days It less than one day	Immediate canac of death Branchogfair Curinama	DURATION 5 moo.
9. Birthplace	1	county, and state)	Due to	
11. Industry or busing 12. Name	Joseph	o Perlins	Dther conditions	
14. Maiden nam	alfreda	daecombe me	Major findings of operations	
16. informant		B. Perkins Royal Ave	Antopsy results	listically.
17. Burial	on, or removal. Which?	Date thereot 1/17/48 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
		ne Cem.	Where did injury occur?	
LocationB	altimore,	Md.	Injured at home, tarm, Industry, public place (where?)	,
18. Funeral director Address 19. (Date rec'd by	h & Pa. Ave	CKNER & SONS INC. es; Balto., Md. Registra	Means of Injury Injured at work? 23. SIGNATURE Stephen J Jun Lill 14 M. D. or o Modress 2843 St Paul St Date signed J.	m.D.

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ully. The correct age and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

			Keg. Diat. No		
1. PLACE OF DEATH: County Balti	more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	1186	
County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Spring Grove State Hospital Hospital institution, or street address where death occurred: 7 years; 2months; 18 days How long in hospital or institution? 7 years, 2 months, 18 days 3.(a) FULL NAME			State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1121 Scott Street (If rural, give LOCATION)		
0.(0) 1 0 22 1 1 1 1 1 1	John J. Peters		3. (V) Social Security	Number	
4. Sex 5. Color or race Male White	6.(a)Single, married, widowed, o	r divorced	MEDICAL CERTIFICATION 20. DATE OF DEATHJanuary. 18	, al . 8 : . 30 A . II	
6.(b) Name of husband or wife	6.(c) It alive, give age		21. I CERTIFY that death occurred on the date above stated; that I attended decea November 1. 19.40 to January and that I last saw h. i.m. alive on January 18.	18 19 48	
8. AGE: Years Months	Days Days Days 16 hrs.	day min.	Immediate cause of death Cachexia	DURATION 6 Week	
9. Birthpiace Mary	land wn, county, and state)	•••••	Due to Arteriosclerotic Heart Disease	Indefin	
10. Usual occupation			Due to Generalized arteriosclerosis	£1	
12. Name George P	eters d		Diher conditions		
14. Maiden name HelenKe 15. Birthplace Marylan	llyd		(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant HOSDI CAL H	ecords		Autopsy results		
Address Cat onsville, 17 Burial (Burial, cremation, or removal. When the company of crematory many) Location 4.3000	Date thereot	day (year) Them	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
Address 9011-03 (Order rec'd by registrar)	Hollins	Hon Registrar	Means of Injury Injured at work? Davidur Turk, M. D. M. D. o Address. Catonsville 28 Md. Date signed.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Correctage is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

00234 No. 44

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State
4. Sex J S. Color or race B.(a) Single, married, widowed, or divorced	medical certification
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7. Birthplace (Toyn, county, and state) 10. Usual occupation 11. Industry or business 12. Name States 13. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 19. and that I last saw h alive on 19. I will be a subsected to the date above stated; that I attended deceased from Due to 19. Due to 19. Diher conditions
14. Maiden name Sessie 7 Senge 15. Birthplace 16. Informant Series Hendry Address Government Series Hendry (Burial, cremption, or removal, Which?) Cemetery or crematory Location 18. Funeral director Address Government Gover	(Include pregnancy within 3 months of death) Major fiadiogs of operations. Date of op. Aulopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was buy to externat causes, fill in the following; Accident, suicide, or homicide Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Means of injury tinjured at work? 23. SIGNATURE Address. Address. Date signed.

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH correct age is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Maryland State Dept. of CERTIFICAT	E OF DEATH Registered No
1. PLACE OF DEATH: Health (a) Baltimore City, Maryland 320 Sollers Pt. Turner Stati	2. USUAL RESIDENCE OF DECEASED: (P(a) State_Md
(b) Street address	(c) City or town Turners Station (If outside city or town limits, write RURAL and give town) (d) Street No. 320 Sollers Point Road. (If rural give location) (e) Citizen of foreign country? Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (b) If veteran, name war 3 (c) Social Security Account No. 4. Sex 5. Color or race 6 (a) Single-married, widowed, or	MEDICAL CERTIFICATION p 20. DATE OF DEATH Jan. 14, 1948, at 11.15 M
6 (b) Name of husband or wife Dedicate Phillips 6 (c) If alive, give age years	21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) 7744 4 192, 2 8. AGE: Years Months Days If less than one day 25 hr	toherdeath on the day stated above, and death in my opinion resulted from: natural causes accident, suicide, homicide, undetermined and that the causes of death were: IMMEDIATE CAUSE OF DEATH
9. Birthplace (Town, county, and state) 10. Usual Occupation Attacked (Town, county, and state) 11. Industry or business	Coronary thrombosis
12. Name Call Holley 13. Birthplace & C	Due to
14. Maiden Name Elizabeth Mules 15. Birthplace 16. C	(Include pregnancy within 3 months of death)
16 (a) Informant Dearle Challeges (b) Address 320 Soller Frient Coal 17 (a) Cemoral (b) Date thereof 4W 10/48	22. If an external cause was primary or contributing cuise of death, fill in the following: (a) Date of injury
(Burial, cremation, or removal) (plonth) (day) (year) (c) Cemetery or crematory Location Alster Carriers	(b) Where did injury occur? (c) Did injury occur at home on farm, industrial place, in public place? While at work?
(b) Address / 290 Cutt Williams	(d) Means of injury 23. Signature Medical Examiner. Medical Examiner.
19 (a) Al 17 1948 (b) Acw. Tehruch Q m 5 Registrar	Date signed 1-15-48

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00236

CERTIFIC	CATE OF DEATH Reg. Diat. No.
PLACE OF DEATH:. County Baltimore City or town. City outside city or town timits, write RURAL and give nearest town. How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3.(a) FULL NAME Vaclav J. Pospisil	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced male white married 6.(b) Name of hand or wife Mary T. (nee Priol)	MEDICAL CERTIFICATION 20. DATE OF DEATH 9 19.44 1 5 PM 21. I CERTIFY that death occurrer on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 28, 1878 8. AGE: Years Months Days It less than one day	Immediate cause of death
69 3 //hrs.	
9. Birthplace	Due to
14. Maiden name MARY KUTILEK. 15. 8irthplace Czechoslovakia	(Include pregnancy within 3 months of death) Major fiediogs of operations.
16. Informant Mrs. Mary T. Pospisil - wife Address 440 Oriole Avenue, BACTO. 24. M 17. Burial Date thereot 1/23/48 (Burial, cremation, or removal, Which?) Cemetery or Walty Holy Redeemer Location 4430 Belair Road, Baltimore, Md. 18. Funeral director Charles E. Schimunek Address 2601-3-5 E. Madison Street 19. Charles E. Schimunek (Date rec'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Address 20 30 Williams and Date signed

00237

)/	CERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF BEATH: County	City or town
	2.(0) It reteran, mame wat
3. (a) FULL NAME 4. Sex 5. Color or race 6.(a)Single, married,	3. (b) Social Security Number Alleschen Security Number Widowed, or divorced MEDICAL CERTIFICATION
Lewale let te likely	WELL 20. DATE OF DEATH Delicare J 1948, at 1:30%
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
7. Birth date of	give age
deceased (mo., day, yr.) Chelie 9-18	
8. AGE: Years Months Days If less	than one day Immediate ause of death Lease DURATION Comments DURATION
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation	/ Due to
12. Name Sunga Mulinge 13. Birthplace Sunga	Other conditions Chinary Occilerian I day
	(Include pregnancy within 3 months of death)
14. Maiden name Lucklesone 15. Birthplace Lace	Major findings of operations.
B. N. 2 21 /D.	Date of op.
Address 19.5 7 Kg llo Pa E	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
p.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	nonth) (day) (year) Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Atallet Land	Injured at home, farm, Industry, public place (where?)
18. Funeral directs 1. Blue ja face	Meens of Injury Injured at work?
Address 16900 Eutral (Clee 23. SIGNATURE Boyain Meller IND
19. (Date rec'd by registrar)	Registrar Address 20 30 Williams are Bate signed 5 7 5

(Date rec'h by registrar)

PLAINLY, Is especially

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00238

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Control, Balltimore City of town. City	/						
City or town. Fort Howard. City of town. Fort Howard. City of town in Fort Howard. City of town in Horizontal City of the c				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City of town. A state of the control that we the Milkal and give nearest town) 12 Days 12 Days 13 (a) FULL NAME 14 Days 15 Days 16 Days 16 Days 16 Days 17 Days 18 Days (if carties sity or town limits, write RIRAL and give nearest town) 18 Days (if carties sity or town limits, write RIRAL and give nearest town) 19 Days 10 Days 11 Less the one day days the country long to the case of the date above salest: that I altereded deceased from December. 29, 18, 147, 19 January 10, 12, 18 days that its traw h. Ill. alter the sale above salest: that I altereded deceased from December. 29, 18, 147, 19 January 10, 12, 18 days that its traw h. Ill. alter the sale above salest: that I altereded deceased from December. 29, 18, 147, 19 January 10, 12, 18 days that its traw h. Ill. alter the sale above salest: that I altereded deceased from December. 29, 18, 147, 19 January 10, 12, 18 days that its traw h. Ill. alter the sale above salest: that I altereded deceased from December. 29, 18, 147, 19 January 10, 12, 18 days that its traw h. Ill. alter the sale above salest: that I altereded deceased from December. 29, 18, 147, 19 January 10, 12, 18 days that its traw h. Ill. alter the sale above salest: that I altereded deceased from December. 29, 18, 147, 19 January 10, 12, 18 days that its traw h. Ill. alter the dath alter that the days salest that I altereded deceased from December. 29, 18, 18 January 10, 18, 18 days that the courted on the date above salest: that I altereded deceased from December. 29, 18, 18 January 10, 18, 18 January	County Baltimore			***************************************			
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Male Colored Single 5.(b) Name of husband or wife Single 5.(c) If alive, give age year deceased (mo., day, yr.) 1-13-1887 8. AGE: Years Months Days If less than one day house of the state of the date above stated; that I attended deceased from December 29, and that I last saw h. im. alive on January 10, 19, 18 8. AGE: Years Months Days If less than one day house of the state of the date above stated; that I attended deceased from December 29, and that I last saw h. im. alive on January 10, 19, 18 Immediate cause of death. Pulmonary Heart Disease with 3, 1775. 2. Weeks. 3. Yrs. 60 Ba 27 Inst. 10. Usual occupation. Amma. Handler 10. Usual occupation. Amma. Handler 11. Industry or business 12. Name Frank Redd. 13. Birthplace Virginia 14. Maiden name. Malinda 15. Birthplace Virginia 16. Informant Clinical Records, Vets. Adm. Hosp. Address of the Ward, Maryland 17. Maryland 18. Foreral directory or cerember; Significant Clinical Records, Weeks. Adm. Hosp. 18. Foreral directory or cerember; Significant Clinical Records, Weeks. Adm. Hosp. 19. Combined the date above stated; that I attended deceased from December 29, 15, 16 19. Industry 10, 19, 18 20. Intermed at the date above stated; that I attended deceased from December 29, 19, 19, 18 20. Intermed at the date above stated; that I attended deceased from December 29, 19, 18 20. Intermed of the date above stated; that I attended deceased from December 29, 19, 18 21. Industry 10, 19, 18 22. Intermed at the date above stated; that I attended deceased from December 29, 19, 18 22. Violence are of death. 23. Signature on January 10, 19, 18 24. Industry 10, 19, 18 25. Industry 10, 19, 18 26. Intermed at the date above stated; that I attended deceased from December 29, 19, 18 21. Industry 10, 19, 18 22. Violence are of death. 23. Signature on January 10, 19, 18 24. Industry 10, 19, 18 25. Industry 10, 19, 18 26. Intermed at the date above stated; that I attended deceased from December 29, 19, 18 26. Industry 10, 19, 18 27. Industry 10			HN RED	D			52
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18. Funeral direct Villians a. Vielland Address 9/6 Penna ave Bacto: 23. SIGNATURE 24. SIGNATURE A. C. NEWNAM, M. D. M. D. or other				u national	Where did injury occur?(City or town)	(County)	(State)
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A.C. NEWNAM, M. D. M. D. or other	1B. Funeral direction				2000 au	nam)	
	Address 7 / Co	enna	> core	2/1//	DO CICHATURE), or other
	19.	13 40		e a general			

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1568

Reg. Dist. No. 30

County County Ciff outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town limits, write RURAL and give nearest town) Street No		
3. (a) FULL NAME Preidenbaugh	3. (b) Social Security Number		
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Married Married 6. (b) Name of husband or wife Arrivy Reductions 6. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 47 4 hrs. min. 9. Birthplace Married, widowed, or divorced foom, county, and state) 10. Usual occupation Grown, county, and state) 11. Industry or business of the married of t	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the bale above stated; that I attended deceased from 19. 48 and that I last saw h 22. alive on 19. 48 Immediate cause of death DURATION Due to. Other conditions (Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. informant. Osusy Audens Address Address Audens Wy 17. Burnal Date thereof (month) (day) (year) Cemetery or crematory Augustum (month) (day) (year) Location Dakland Mula Mai 18. Funeral director House Suppose Suppos	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

orrect age

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15 M

VS A15



PLEASE WRITE PLA, Y, is especially

gorrect/age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00240

CERTIFICATE OF DEATH

30 Reg. Diat. No.

1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	State Maryland County Beltings		
City or town Catonsville 28 Meny land (If outside city or town limits, write RUKAL and give nearest town)	Bel Himone Manusland		
How long in above place of death? 1 yr. 5 mons. 10 das.	City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 4812 Park Heights		
Spring Grove State Hospital	(If rural, give LOCATION)		
How long in hospital or institution?1y.r5mons10das	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Jennie L. Restivo			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Cesuale w married	20. DATE OF DEATH		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wifeLo.sephRestivo	July 29. 19.46 to January 8, 19.48		
7. Birth date of	and that I last saw h. C.F. alive on Danuary 8, 19 48		
deceased (mo., day, yr.) January 17, 1889			
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Subarachnoid homorrhage 2 days		
58 11 22hrsmin.	Bilateral broncho pneumonia 5 days		
	Differential of officer producting		
9. Birthpiace Maryland (Town, county, and state)	Arteriosclerotic heart disease indefinit		
10. Usual occupation. Housewife			
11. Industry or business Domestic	Due to Cor onary sclarosis		
12 Name Salvatore Liberto 13. Birthplace Italy	Other conditions Picks disease?		
13. Birthplace Italy	(Include pregnancy within 3 months of death)		
# 14. Maiden name Rose Baranco			
15. Birthplace Italy	Major fiadings of operations.		
	Date of op.		
16. Informant Hospital Records	Autopsy results		
Address Catonsville 28, Maryland			
Busial 1/12/48	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burlal, cremation, or removal. Whigh?) Date thereof. (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Bathedrae	Where did injury occur?		
Location Baltimore being	Injured at home, farm, industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director	mpure et mp-17		
Address 460 Park Height's	2.1. 7		
A W Hadrich T	23. SIGNATURE Solve Work, M.D. M.D. or other		
19	Isadore werk, M.D. M.D. or other Catonsville 28, Md. Date signed 1/9/48		
	7.00		

MARGIN RESERVED FOR BINDING

Dr. Singewald 1613 E North Ave.

9-45-15M	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

466

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CERTIFICATE OF DEATH

og. Dist. No.

How long to above place Hospitat, institution, or 12	dale Beltimore utside eity or town lir of death? atreet address where of 23 Sixty institution?	eath occurred -Seco	UEAL and give nearest town) Ind Street	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Rosedale City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1223 Sexty Second Street (If rural, give LOCATION) 2.(a) If veteran, name war		
	Jol		Reusing	212-07-1062		
4. Sex	5. Color or race	B.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		married	20. DATE OF DEATH January	22nd, 19 48	,at.2.:].().P.M
6.(b) Name of husband	or wife Car:	rie		21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	ased from
01(0) 1101110 01 11110		9 (0) If alive give age	November 10, 19.4	17 to Jan 2:	2.,194.8
7. Birth date of	Manal	1 23,) If alive, give ageyears	and that I last saw hi.pmalive on J. 9 10.1	ary 21.	19.48
8. AGE: Years		Days	If less than one day	Immediate cance of death		
52		30	hrs. min.	Carcinoma of the Pa		
			t .	Stomach		6-Mos-
9. Sirthplace	Baltlm (Town,	or e, l	Md.	Due to		
1D. Usual occupation	Macl	ninis	t	•••••••••••••••••••••••••••••••••••••••	***************************************	
11. Industry or busines				Due to		•
		sing			***************************************	
12. Name		rmany		Dther conditions		***************************************
			abacanan	(Include pregnancy within 8 m	onths of death)	
	Agaum	z +-T1.(chgessner	Major findings of operations	***************************************	
15. Birthplace		Germa				.,,
18. Informant	rs. Carr	ie Rei	using	Autopsy results		
Address 1	223 Sixt	y-Sec	ond St.	PHYSICIAN: Please underline the cause to whi		statisticaBy.
4	-			22. VIOLENCE: If death was due to external caus		
(Burlal, cremation	or removal. Which?)	Date there	nof 1-26-48 (month) (day) (year)	1)		
Cemetery or cremato	ry	Holy	y Redeemer	Where did injury occur?(City or town)	(County)	(State)
Location		Bal	timore	Injured at home, farm, Industry, public place (wh	ere?)	
18. Funeral director	1 aans	ard J	Ruck	Means of Injury	Injured at work?	
			Road, 14	1 m P		
19. Januar	(1.26.19.49)	-	P. W. Je Auch Registrar	23. SIGNATURE 2. S. Address	M. D. M. D. Date signed	or other 9



MARGIN RESERVED FOR BINDING

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

to alterine.	(For newborn infants give residence of mother)
County 200 And	State Maraj Land County
City or town (If outside city or town limits, write KURAL and give nearest town)	4 4 22
How long In above place of death? 4 444	Olty or town from the first or town limits, weign RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	III outside city or town limits, waste KUKAL and give nearest town
troophel, maintainin, or affect address where death decarted.	Street No. Greenspaning Cre
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	2 (1) 6 116 1 11 1
This Margaret R	Obertson (3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widorled, or divorced	/ MEDICAL CERTIFICATION
7 1/1.	
	20. DATE OF DEATH AMURANS TON 19 16 8, 21 7 At
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
8.(6) Name of husband or wife	
	15 10 18 10 18 18 18 18 18 18 18 18 18 18 18 18 18
1. Birth date of deceased (mo., day, yr.) W. L. X. 1864	end that I last saw h. L.M. alive on
8. AGE: Years Months Days It tess than one day	Immediate cause of death DURATION
O. AGL:	Muile allenousion
6)hrs,min.	
1	116 Jan Maller Sant
9. Birthplace (Town, county, and state)	Due to alk herse fellingers
10. Usual occupation	Due to.
11, Industry or business	
# 12. Name / Wilfiam Robertson	
H PA	Dther conditions
\$ 13. Birthplace Seo Canadia	
# 14. Maiden name Mangaret Kussell	(Include pregnancy within 3 months of death)
14. Malden name. Thangaret knosell 15. Birthplace Act Cland	Major findings of aperations.
E 15. Birthplace Office Cond	- Date of op.
men Raland Partion	
16. Informant Agen talked January	Aatepsy results
Address Deen spring the Julie mille no	
(no - the) / - /45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, euicide, or homicide
1 And the	
Cemetery or crematory	Where did injury occur?
Location Ballo, Mid	Injured at home, farm, Industry, public place (where?)
LUCATION	
18. Funeral director of the Marie Mayors	Means of injury Injured at work?
	1 1 1 1 1 1 1
Address Joos John Jane	23. SIGNATURE ALLICE OF SELLOW
1/2 ×2 /1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	M. D. or other
(Date reg'd by registrar)	PAddress 56 11 Mulles My Date signed - 8 - 14 8
The second	Audicaa

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

47d

CERTIFICATE OF DEATH

00244

1	. PEACE OF DEATH.	(For representation of mother)
C	ount State of the	11/14
C	ity or town. (If outside city or town limits, write RURAL and give nearest town)	State Codety Codety
	(If outside city or town limits, write RURAL and give nearest town)	City or town the patricipal of the control of the c
H	ow long in above place of death?	113111 7.111
H	ospital, institution of street address where death accepted:	Street No. 7006 Jalymou
	9006 Classiff 9	(If rural, give LOCATION)
Н	low long in hospitat or Institution?	2.(a) If veleran, name war
	B.(a) FULL NAME	7) 3.(b) Social Security Number
1	(a) Total Hame	0.10-10-9593
	, spehh Im	mon 218-18 76 23
1 3	Sex /5. 2010) of face 6.(a) Single married, widowed, or divorted	MEDICAL CERTIFICATION
+	M. la Marte Massect	(LG-1)111 16
11-	The Missing and the state of th	20. DATE OF DEATH 19.4 5 , at
1	5.(b) Name of husband or wife Illounce A footing	27.1 CERTIEN that heath occurred on the date above stated; that I attended deceased from
110		Jan 1 1948 10 Jan 10 1948
	6.(c) If allve, give ageyears	and that I last saw h Man alive on Jon 9, 19 48
11 '	d. Birth date of deceased (mo., day, yr.)	
=	B. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
115	. Add.	Coccomment Dion-
	Des min.	0
	Richald Salhman 1110	Due to
1 8	(Town, county, and state)	DVC 1V
	10 Heard recognition Housless	
	10. Usual occupation	Due to
	11. Industry of business	
6	12. Name & Delph. (Johnson	Other conditions
-	13 Birthplace To Monday	(Include pregnancy within 3 months of death)
	14. Maiden name and My bone 15. Birthplace and My	Major findings of operations.
	of it states fragues of man	
11-	2) 13. Birillina	Date of op.
	16. Interman	Anthory result
1	ADDRESS 4306 Ballynov & Balling	PHINICIAN Tease underline the cause to which death should be charged statistically.
	1/13/1/6	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Turial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
	(Burial, cremation, or removal, which) (month) (day) (year)	
	Cemetery or crematory	Where did Injury occur?
	Location Palysman 1810	Injured at home, farm, Industry, public place (where?)
	Location	Means of Injury Injured at work?
	18. Funeral director	X) 00 0
	15/11 1 of fact 1xt	(Va. O) Le Q. O.O.a
-	Address dy dy	23. SIGNATURE ULLET WILLIAM
	Jan 12 18 (0 W. Tackus	M. D. prother 142
	19	Address Date signed Date signed

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

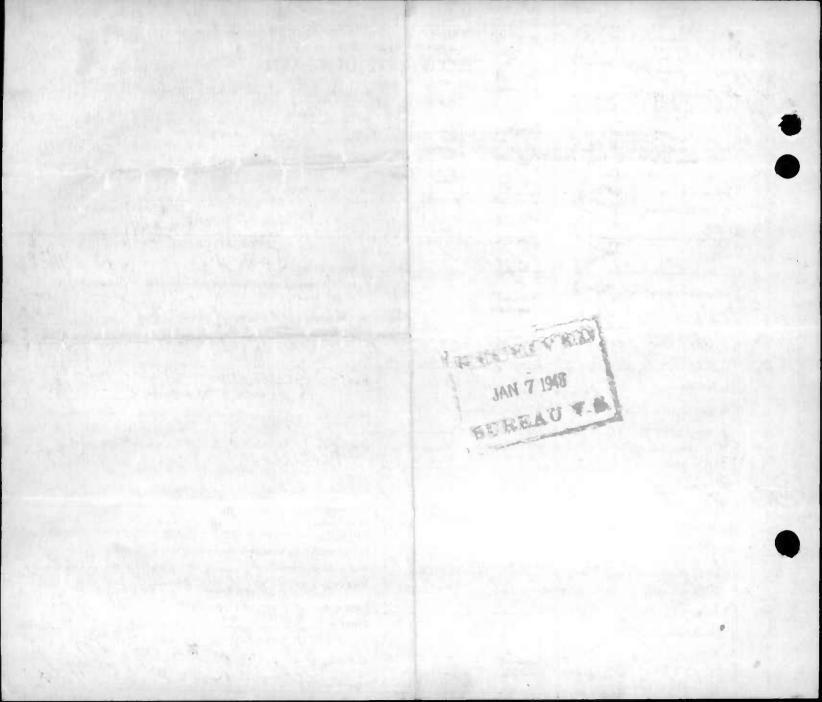
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00245

CERTIFICATE OF DEATH

w. Dist. No. 44

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State County City or town (If outside eity or town limits, write RURAL and give nearest town) Street No. 2.(a) ti veteran, name war 3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION TAN. 472 10 48 11/28
6.(b) Name of husband or wife. Frank E. T. Birth date of deceased (mo., day, yr.) Cong., 9th 1890 8. AGE: Years Months Days If less than one day hre. min. 9. Birthplace (Town, county, and state) 1D. Usual occupation.	20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19. # 8 and that last saw h. A. alive on A. alive on B. # 8 Immediate cause of death B. B. # 8 DURATION DUE 10. Due 10. Due 10.
11. Industry or businese 12. Name Lande Schults 13. Birthglace Thunga.	Diher conditions
14. Maiden name 15. Birthplace 16. Intermant Mat. Jank E. Roso Address 131 Bayside Africe 17. Sunal (Burial, cremation, or removal, Which?) Cemetery or crematory Assollance Cesser.	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause ta which death should be charged statistically. 22. VIOLENCE: tt death was dro to external causes, till in the tollowing; Accident, suicide, or homicide. Where did injury occur? (Ordy or town) (County) (State)
Location 2/3 Algun 2 118. Funeral director 4 Eastern Cut. 19. 19. 19. 19. 19. 19. Registrar Registrar	Injured at home, farm, industry, public place (where?) Meane of Injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

00246

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			11	2
 Disa	NI.		4	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The second secon	State Md County Balto, Country
(If outside city or town limits, write RURAL and give nearest town)	4/-
How long in above place of death?	City or town (If outside city of town limits, write RURAL and give nearest town)
muspital, institution, of select audiess minor domin sountres.	Street No. 730 Waswell CC
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Dalvador	2 217-05-0464
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male Widowed	20. DATE OF DEATH
6,(b) Name of husband or wife. Matalie	21. I CERTIFY that death occurred on the date above stated: that Attended deceased from
	Ja- 3 19 47 10 Ja- 17 19 48
7. Birth date of	and that I last saw h. 1. alive on 19. 48
deceased (mo., day, yr.) 8 A.G.F. Years Months Days It less than one day	Immediate cause of death DURATION
10	Com Occlus 1 W.
67min.	
9. Birthplace	Due to
10. Usual occupation. Stone mason	Due to Orlina Schan
11. Industry or business	
물 12. Name	Other conditions Phalada (3)
X 13. Birthplace	•/
# 14, Maiden name	(Iuclude pregnancy within 8 months of death)
	Major findings of operations.
15. Birthplace	Date of op.
16. Informant	Autopsy results
Address 1730 Warwick Rd	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Bate thereof (day) (year)	Accident, suicide, or homicide
for don Book Const.	
Cemetery or crematory	Where did injury occur?
Location fredrick	Injured at home, farm, Industry, public place (where?)
18. Funeral director Joseph Kasenskas Luc	Means of Injury Injured at work?
Address 60 & washington Bbel	Mas both
lange of let le	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 1938 W / Sels. St Date signed 1/19/48

MANAGEMENT STORY OF THE STREET STREET, THE RHORY CEO JAN 27 1948 BUREAU CE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

930

Rog, Diat. No.

1. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Lond County
(If outside city or town limits, write RURAL and give nearest town)	Develally
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 77 33 Fairgreen Rd
	(If rural give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN MAGNU	S SANDBERG
4. See S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE DE DEATH Jan 21, 19.48, at 5.3 m
0+4.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6.(b) Name of husband so wife.	20 00 16 1945 to 21 19 44
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) May 26, 1354	Immediate cause of death. Cassalan and DURATION
8, AGE: Years Months V Days If less than one day	Thronbours 8 kg
93 7 25min.	
of meder	Due to Hispertenguan 2 years
9. Birthplace(Town, county, and state)	las dibtracular division !
1D. Usual occupation. Retired	Due to Generalized
11. Industry or business	centers religionis
12. Name - Landberg	Other cooditions
12. Name Landberg 13. Birthplace Smeden	
	(Include pregnancy within 8 months of death)
HE 14. Malden name Use Agreement 15. Birthplace Use Agreement 15. Birthplace	Major findings of operations.
3 15. Birthplace Usaker	Date of op
16. Informant MBS HELEN ZOGLARS	Autopsy results.
Address 77 33 Hairgreen Rd - Dundolf Try	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buil 1 non 23/948	22. VIOLENCE: tf death was due to external causes, filt in the following:
(Burtal, eremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did tojury occur? (City or town) (County) (State)
location Washington Pa	injured at home, farm, industry, public place (where?)
119 411.7.	Means of Injury tnjured at work?
18. Funeral director A any A William	1 20
Address 4/0/ Elseron don and	23. SIGNATURE 6 Mg eng 7 Megry Mh.
10 1/21/48 10 P. W. Herresh	23. SIGNATURE DE LOS SIGNATURE DE CONTROL DE
(Date rec'd by registrar) Registrar	Address
	764

VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1310

Duration 3 Months

Mie	1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:	20248
Tay of	(b) Street address 65/1 Maplimood Pa	(a) State MM. (b) County	
P. P		(c) City or town Lettersone (If outside city or town limits, write RURA	L and give town)
Every item of information should be carefully write the causes of death clearly and legibly.	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 1. (1f fural give location) (e) Citizen of foreign country?	
ld h	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country	(I es or INo)
shou	3 (a) FULL NAME Schenk	El	AUT TARK
r nation ath cl	3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION	7 130
DINC inform of de	4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Jesucle	20. DATE OF DEATH FAMILIAM 29 19 48, at 4 1. A. 21. I certify that greath occurred on We date above stated, that I attend	
n of i	6 (b) Name of husband or wife	and that I last saw h. Evalive on 1945, to	7 1948
ror iter he c	7. Birth date of deceased (mo., day, yr)	Immediate canse of death	Duration
Svery rite t	8. AGE: Years Months Days If less than one day	Lity Coxdis/Tellure	3 Month
7		Due to Dept Tensine Cardi	
KESE INK.	9. Birthplace (Town, county, and state)	Due to DISEASE	10200
Z G	10. Usual Occupation Mone		
DIN	11. Industry or business	Other Conditions	***************************************
MAKGIN UNFADING Physicians:	12. Name Susmas Schenkel 13. Birthplace Nacl.	(Include pregnancy within 3 months of death) Date of operation	PHYSICIAN
ILY, WITH U	14. Maiden Nam Sarah Riston	Major findings of operation:	cause to which death should be
WI	15 Birthplace Jand.	of autopsy:	charged statis- tleally,
LY,	16 (a) Informanturo Educa Jacot	22. If death was due to external causes, fill in the following	
N. P.	(b) Address 6 VIV Maplewood, Co.	(a) Accident, suicide, or homicide	
FE PLAINLY, especially impo	17 (a) (Date thereof (Burial, cremation, or removal) (myonth) (dys) (year)	(b) Date of occurrence at.	
TE	(c) Cemetery cr crematory / W. Oliver	(d) Did injury occur about home, on farm, industrial p	y) (State)
WRITE e is esp	Location Tredesjek Rd,	place? While at work	?
SE W	18 (a) Funeral director form Thermy our	(e) Means of injury	na :
EAS	(b) Address in DA Oregut St.	23. Signature Made Ohon	rell Ma
PLEA	(Date rec'd by registrar).	Address 30/42 Pole signe	od 121

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	PLAINLY, is especially
S-15 M	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH: County			RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State Maryland Court City or town Baltimore (If outside city or town limits. Street No. 38 S. Hanover S.	nty	arest town)
	Veterans Administration Hospital How long in hospital or institution?50 days			(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NA	ME NEST SCHNE	DWIND			3. (b) Social Security Unknown	Number
4. Sex Male	5. Color or race White	6.(a)Sing	le, married, widowed, or divorced Divorced	MEDICAL CE	ERTIFICATION	atll:30p
5.(b) Name of husbar 7. Birth date of deceased (mo., da	nd or wife	6.0	(c) If alive, give ageyears	21. I CERTIFY that death occurred oo the date above	ve stafed; that I affended deco 47, fo January anuary 14.	11 19 48
8. AGE: Ye	Months O	Days 13	If less than one dayhrsmin.	ENDOCARDITIS, MITRAL I	VALVE,	
9. Birthplace				Due to		Unknown
12. Name				IOBUIAR PNEUMONIA (Include pregnancy within 3 m	nonths of death)	2 days
Address tration, Fort Howard, Maryland 17. Burial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)				Actors resultsSubstantiated PHYSICIAN: Please underline the cause to whe 22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	above	statistically.
Cemetery or crematory Baltimore National Cemetery Location Baltimore Maryland 18. Funeral director Blight Funeral Home Address 4914 Belair Rd. Balto., Md.			yland Home to, Md.	Where did Injury occur? (City or town) Injured af home, farm, Industry, public place (wh Msans of Injury 23. SIGNATURE	Injured af work?	35.
19/16-4 S.19 Confiltred			Registrar	sidios Depty. mele	Date signed	or other

~ 00250

CERTIFICATE OF DEATH

Rog. Diat. No. 32

re		1108. 2140. 1100
e co	1/PLACE OF DEATH: Baltingfre	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nymber) Infants give residence of mother)
旨之	11121011111	State County County
27	City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Thresull
y and	How long in above place of death?	(if outside city or town limits write RURA) and give nearest town)
care	mospital, matriation, of shoot accious whole country and	Street No. (Frurai, give LOCATION)
	How long in hospital or institutions	2.(a) If veteran, name war.
death cle	3. (a) FULL NAME Tous 1. Ochur	3. (b) Social Security Number
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
causes	M W. Single	20. DATE OF DEATH 1948 21 4 P. M
	S,(b) Namo of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
ry i	A	france - 13 19,47, 10 fay - 3,1 19 46
ly every	7. Birth date of	and that I last saw h. Ang. allre on fan - 30- 19 TO:
0	8. AGE: Years Months Days If less than one day	Immediate cause of death
Suppl ease v	63 97 63 min.	1 Den consonal of
plea	Ball hid	To the state of th
N.S.	9. Birthplace	Due to
G I	10. Usual occupation	
ADING INK Physicians:	t1. Industry or business	Due to
AD Ph	# 12. Name WM, V. Helly	Other conditions - Agreetening
T. T.	13. Sirthplace 1 Allman d	11 1/1/10
WITH UNI	14. Malden name Mulip	(Include pregnancy within 8 months of death)
HTI	S January Comments	Major fiadings of operations. Umany Maliegrams
part .	15. Birthplace	Date of op
CAINLY, especially	t6. Informant	Antopsy results
PLAINL s especia	Address / My Strucy Struck	22. VIOLENCE: If death was due to externat causes, fill in the following:
LA	(Burial, cremation, or remoyal, Which) Dato thereof. (month) Aday) (year)	Accident, suicide, or homicide
Pi Si	Cemetery or crematory mmanuel	Where did injury occur?
ITI	Hill In Fall	(City or town) (County) (State)
WR	Location	Misons of Injury Industry, public place (wherer) Injured at work?
回	18. Funeral director L. MERMANN & JON	misons of injury
AS	Address 6067 Harford RA	Sand of the ben m.D
LE	212 V8 Ala Ladrich	23. SIGNATURE M. D. or other
PL .	(Date rec'd by registrar) Registrar	Address 4108 filesty Ht. Date signed 3/3/145

MARGIN RESERVED FOR BINDING

correct age

9-45-15M

VS A15

V. S. No. 1

W. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of Infor-PHYSICIANS AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

should state

JIAIL OF MARYLAND	-CERTIFICATE OF DEATH 100251
County Baltimore	Posistatia Dia N 3H
Village or City White Idouse	Registration Dist. No. 27
Vinage of City to the City to	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurred7_2yrs,	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mynuel Gordelia S	eaks
(a) Residence: No. White Jacuse	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
OR DIVORCED (write the word)	Janurary 10 1948
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of John Fronklin Seales	22. HEREBY CERTIFY, Thet I attended deceased from
	Jose 10 ,1948, to Jan. 10 ,1948
6. DATE OF BIRTH (month, day, and year) Nov. 5 - 1876	I last saw h. Rev. alive on Saw 10 - 2 P. P.M., 1948 ; death is said
7. AGE Years Months Days If LESS that I day.	
12 or min	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Home Care	Hemiplegia - with paralylus Sudden
≪ 9. Industry or business in which	4. side
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data deceased last worked at this occupation (month and spent in this occupation (month and spen	
year) 1949 - You 18 occupation - 73.4	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Bolts. Co. md.	arterio- Sclerosis) with
(Stata or country)	- hypertension 226 several
13. NAME Thomas Watson Merryman	years,
14. BIRTHPLACE (city or town) Balto Co. VMd. (State or country)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Rutto E. Mollones 16. BIRTHPLACE (city or town) Mol.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
0 1 Q	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT SUSON CLARES (Address) Wherea 2 2 2	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chare M. E. Date Jan 13 , 194	Nature of injury
19. UNDERTAKER Echward C. Likton	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hampstead and.	If so, specify
20, FILED. 19 Cerril E. Foroble Ind.	(Signed) Cyril 8. Fowlle M.D.
Registrar.	(Addres) Upperso, Ind.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 2 10 000	
Other contributory causes of importance:		Other contributory causes of importance:	1911
Gallstones	May 1,1923	Gastroenteritis 1948	1 year
		000	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

Age.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

838

00252

CERTIFICATE OF DEATH

Rev. Dist. No. 3

1. PLACE OF DEATH: County. BAITIMORE City or town CATONSVILE (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: ************************************	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother) State MARYLAND County BALTIMORE City or town CATONSVIILE (If ontside city or town limits, write RURAL and give nearest town) Street No. 214 ROCKWELL AVE. (If rural, give LOCATION) 2.(a) If veleran, name war.
3.(a) FULL NAME GEBRGE V. SEYLER	3. (b) Social Security Number 212-10-9903
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH. JANUARY 18th. 18 48 at 16 N
6.(6) Name of husband or wife	21. I CERTIFY thandeath occurred on the date above stated; that I altended deceased from 19.48 and that I last saw h. 1.11 alive on 19.48
8. AGE: Years Months Days If less than one day 11	Immediate cause of death
9. Birthplace VIRGINIA (Town, county, and state) 10. Usual occupation CIGAR MANUFACTURER 11. Industry or business OWNER OF BUSINESS 12. Name CARL SEYLER 13. Birthplace GERMANY	Due to
14. Malden name MARIE KOHLMAN 15. Birthplace GERMANY 16. Informant MRS? MARY E. SEYLER -wife	Major findings of operations. Date of op.
Address 2114 ROCKWELL AVE. CATONS. 17. BURIAL Dale inerest. JAN. 121/48 tt (month) (day) (fear) Cemetery or crematory. LOUDON PARK CEMETERY Location BALTIMORE MARYLAND 18. Funeral director. F. B. WIPPERT & SON	Autopsy results. PHYSICIAN: Please nnderline the caese to which death shoeld be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
1300 EUTAW PLACE17. 19. /20 19 88 A.W. Leduch	23. SIGNATURE Sca De Car tura UN M. D. or other /20/45

PLEASE WRITE PLAINLY, 's especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

/		. /
1. PLACE OF DEATH: county Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County	
Cily or town. Fort. Howard. (If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore	
How long in above place of death? 7 days	(If outside city or town limits, write RURAL and give neares	
Hospital, Institution, or street address where death occurred:	Street No. Wentworth Apts., Mulberry & Cat	hedral S
Vets. Adm. Hospital, Ft. Howard, Md.	(If rurel, give LOCATION)	
How long in hospital or institution? 7 days	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Sacial Security Nu	mber
ORIANDO C. SHELLEY	None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATHJanuary 27	7:55 P.
6.(b) Name company wife. Olivia L. Shelley.	21. I CERTIFY that death occurred on the date above stated; that I attended decease	
	January 20 19 48 10 January	
7. Birth date of 200/000 fall ve, give age years	and that I last saw h. imalive onJanuary 27	
7. Birth date of deceased (mo., day, yr.) 10/8/96	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day		l yr.
51 3 19hrsmin.	TABMWO.3 CIRTIOIS	plus
9. Birthplace	Due 10	
12. Name Jeremiah Shelley 13. Birthplace Pennsylvanja	Dither conditions	•••••
14. Maiden name. Susan K. Frederick 15. Birthplace Pennsylvania	(Include pregnancy within 3 months of death) Major findings of operations	
15. Birthplace Pennsylvania		
16. InformantClinical Records, Vets Adm Hosp	Autopsy results	
Address Fort Howard, Maryland 1/29/49	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or remove), (month) (day) (yeor)	Accident, suicide, or homicide	
Cemetery of cremylars Mayner body	Where did injury occur?	State)
Location Haynesslows Ga.	Injured at home, farm, Industry, public place (where?)	
	Means of Injury Injured at work?	
18. Funeral director William Cook Funeral Mansion		
Address St. Paul & Preston Sts. Balto. Md.	23. SIGNATURE M. D. M. D. or	other
19. (Date rc'd by registrar) (Date rc'd by registrar) (Date rc'd by registrar)	AddressVAH, Ft. Howard, Md	/28/48

2411 N. Charles St., Baltimore

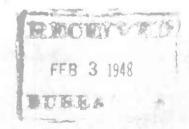
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00254

CERTIFICAT	TE OF DEATH Reg. Diat. No. 3
1. PLACE OF DEATH: County Balfunare City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where doath occurred: Seminary Avenue How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary And County Difference of mother) City or town (If outside city or town limits, write RURAL and give nearest town) Stroot No. Seminary Auch 10 (If outside city or town limits, write RURAL and give nearest town) 2.(a) It veteran, name war.
3. (a) FULL NAME Rebecca Virginia Sho	3. (b) Social Security Number
4. Sex Female White Widowed, or divorced Widowed Widowed 8.(a) Single, married, widowed, or divorced Widowed Widowed Widowed 8.(b) Name of husband or wife. George Henry Shock 8.(c) If alive, givo age years	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days It less than one day 86 80 80 80 80 80 80 80 80 80	and that I last eaw her alive on Jan 74 18 48. Immediate cause of death
9. Birthplace	Duo to A please, Kt (2402) Diff y pertension, Uah Differ conditions
13. Birthplace 14. Maidon name	(Include pregnancy within 3 months of death) Major findings of operations
Address Lutherville, Mo- 17. Burial (Biurial, cremation, or removal, Which?) Cemetory or crematory Saters Babtist Cemetory or crematory Saters Babtist Cemetory or crematory	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causee, till in the following: Accident, suicide, or homicide
Localed therville Balto Co., Mc- 18. Funoral director Johns Burns Sons Address Towsen, Mary Sand	Mesns of injury Injured at work?
19. Jane 27 1948 Melsius C Enon (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address hutherwill Dato signed 1 25 44

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and FOR BINDING MARGIN RESERVED PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

00255 Reg. Diat. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Md. County Baltimore
	City or fown
How long In ebove place of death?	
	Street No. 5810 Windsor Mill Road (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Elizabeth Smith	none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 17630
Female White Widowed	20. DATE OF DEATH January 13, 1648 2t P. M
6.(b) Name of husband or gre. Daniel E. Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If elive, give age years	Dec / 1947 to Jan 13 1948
7. 6 irth date of 15 12 12 12 12 12 12 12 12 12 12 12 12 12	and that I last saw harmalive on
deceased (mo., day, yr.) 8. AGE: Years Days If less than one day	Immediate cause of death DURATION
8. AGE: 1245 11 29	myo cardillo arous 2 mo
9. Birthplace Washington, D. C. (Towu, county, and state)	Due to advance arterio schross ?
A+ Vowa	
1D. Usual occupation	Oue to
11. Industry or business	
12. Name Joseph Rittler 13. Birthplace Not KNo-Ja/	Other conditions Aykevension ?
13. Birthplace Not KNOWN	(Include pregnancy within 8 months of death)
14. Malden name Iglehart Germany	Major findings of operation
15, Birthplace Germany	Date of op.
16. Informant Theodore Smith	Autopsy results
Address 5810 Windsor Mill Rd.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Burial Date thereof Jan. 16, 1948 (Burial, cremetion, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide,
(Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur?
Location Woodlawn, Nd.	Injured at home, farm, industry public place (where?)
18. Funeral director De Nocuard Strong	Means of Injury Injured at work?
Address 3207 W. North Ave .	Starto Prilat
1/15 18 (1)	23. SIGNATURE JULIUS DUMAN, D. or other
19. (Outer rec'd by registrar) (Outer rec'd by registrar)	Address 2220 Garrison Blue Date signed
J.C	9an 13/40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

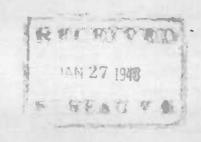
CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
	relinger
4. Sex 5. Color or race 6.(a) Single, married bidowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred to the date above stated; that I attended deceased from
T. Birth date of	9 // 115
deceased (mo., day, yr.) June 28, 1947	and that I last saw h. A. 63 alive on
8. AGE: Years Month's Days If less than one day L 7hrsmin.	Immediate cause of death Duration Prouched Iday
9. Birthplace (Town, county, and state)	Due to Mentel Nafrening Butt
1D. Usual occupation	Due to
12. Name muchael C Ancestricty 13. Birthplace Texas.	Dther conditions
14. Maiden name milded will 15. Birthplace	(Include pregnancy within 3 months of death) Major findings ol operations.
21 15. Birinpiace	Date of op.
16. Informant Mrs - Miles & British Address 712 mindawlback Rue.	Antopsy results
11. (Burial, eremation, or removal, Which?) Date thereof. 1-2-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Coneur aga Com-	Whara did Injury occur?
Location and agrana Co. Contractor and	Injured at home, farm, Industry, public place (where?)
18. Funeral director Suggest Co. The Constitution of the Constitut	Means of injury Injured at work?
Address Ceather ville MA	23. SIGNATURE M. Scafold M. D. or other
19. ————————————————————————————————————	Address 5 402 Februardery Date signed 1-24. 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

correct age



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

00257 Reg. Diat. No....

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F	w	W	2D. DATE DE DEATH Samuary 6 19 48	1410 A
6.(b) Name of husb		6.(c) If allive, give age years	21. I CERTIFY that both occurred on the age above stated; that I attended deces September 19 18. 47 to January and that I last saw h. exalive on January 5	18ed from 19 4 5
8. AGE: Y	ears Months 60 5	Days If less than one dayhrsmin.	Immediate cause of death Myo Candida	DURATION 4 WKS
9, Birthplace	(Town,	county, and atate)	Due to Corary thrombours Due to Hypertennie alore Oseler Hic	7
11. Industry or bus		Harris	heart disease	
12. Name 13. Birthplace	26	K- K-	Other conditions	
14. Malden na 15. Birthplace	1.111.	e rench	(Include pregnancy within 8 months of death) Major findings of operations.	
≥ 15. Birthplaee	0200		- Date of op	
16. Informant	Trans	versi (è	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged	
Kin	tion, or removal, Which?		22. VIOLENCE: If death was due to external causes, fill in the following: Aecident, suicide, or homicide	
Cemetery or eres	matory	- 4- 72 · (Where did injury occur?	(State)
Location	coli clar	En la constitution	Injured at home, farm, Industry, public place (where?)	
18. Funeral directo	1. 16 p. 2		1 2/1	0
Address	14 Earle	an Conflict	- 23. SIGNATURE Jack Weyler, Mr.	У.
19. / - 6 - (Date rec'd by	/	John & Character	Address Saf Justlage and Baltzo M. D.	116/48



CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County Balto.
City or town	City or town Cif outside city or town limits, write RURAL and give nearest town)
How long in above place of death. Hospital, institution, or street address where death occurred:	Sireet No. 2-1 Sherwood are
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Hadwig Theresa	Springmann 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M	MEDICAL CERTIFICATION 20, DATE OF DEATH, 4 January 4 19 48 at 1:35 A
8.(b) Name of husband or wife George W. Skingmann	and a constitution of the state
1 august 8.(c) if alive, give age 66 year	and that I last saw he was alive on 19. The saw he was ali
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
61 7 3 Ahrsmir	a
9. Birthplace Baltimon Md (Town, county, and state)	Oue to
to. Usual occupation	Due to
11. Industry or business 12. Name Sundelein Jurin 13. Birthplace Germany	Other conditions
	(Include pregnancy within 3 months of death) Major findings of operations.
14. Malden name	Major radings of operations. Date of op.
Address 2! I have out are. Pikewille, and	Antopsy results
Burel 7-48	22. VIOLENCE: If death was due to external causes, till in the following:
(Burlal, cremation, or removal, Which?) Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
Location Carroll Co	tnjured at home, tarm, industry, public place (where?)
18. Funeral director. J.F. Elini Juns	Means of Injury trijured at work?
Address Paratustown Md	23. SIGNATURE Charles H. Williams & D.
19. 1-5-19.48 St. 2 Elucholos (Date rec'd by registrar)	Rikes illo 8. med. 4Am 48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

e street age

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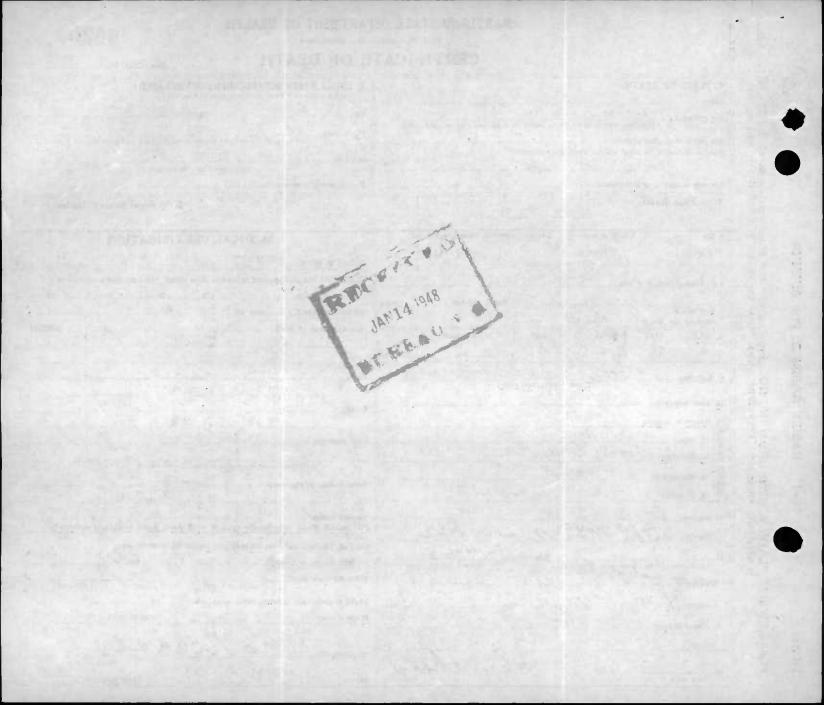
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

32 Reg. Dist. No.

1. PLACE OF DEATH: County. Baltimore City or town Brighton - Baltimore 15 (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Balto Co. 25 yrs. Hospital, institution, or street address where death occurred: 6518 lft. Vernon Ave. How long in hospital or institution? 3. (a) FULL NAME CRACE SPRINKLE		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State Maryland Coun City or town Brighton - Bal (1f outside city or town limits, Street No. 6518 Mt . Vernon (1f rurai, give I 2.(a) If veteran, name war.	timore 15 write RURAL and give ne A Ve . OCCATION)	*******************************		
4. Sex 5. 0	Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	W.	Widowed	20. DATE DF DEATH January 1		4:25 P
8.(b) Name of husband or wit	***************************************	e Spr	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above January 19. 4 and that I last saw h. 2. 2 live on Jan	e stated; that lattended dece	ased from
deceased (mo., day, yr.) 8. A.G.E.: Years	August	Days	I If less than one day	Immediate cause of death		
8. AGE: Years 74	4	11	hrs,min.	Coronary Thr	ombosis	Sudden
10. Usuat occupation	Housew Own Ho ton Ward roll Cou	nty, N		Due to	arditis rosis	
14. Maiden nameF	rances M arroll C		, Md.	(Include pregnancy within 3 me	***************************************	
Address 6.5 17. Burial (Buriat, cremation, or cemetery or crematory) Location Worl 16. Funeral director. Lo	myval. Which?) Pavela Lacen ring Bye Park Hei	Date there M TS ght s	201/-14-48 (month) (day) (sear)	Autopsy results PHYSICIAN: Please underline the cause to white the cause the c	ch death should be charged es, fill in the following: Bate of (County) re?) Injured at work?	statistically. (State)



CERTIFICATE OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. They

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Buttimore	and the same of th
(If outside city or town limits, write RURAL and give nearest town)	1 1 1 5 1 5 7 2.
How tong in above place of death?	City or town Dury W Cake Sta Bullo My (If butside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. Aloca word Road.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ardie & Stauffer	
4. Sex 5. Color or race 6.(a) Single, married, widgwed, or divorced	MEDICAL CERTIFICATION
m w married	20. DATE DF DEATH Jan. 16 1948, 21 6 19 M
Col. 11/14 St. 1400/	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Charles Will Charles	21.1 CENTER That death of our red on the date above stated; that I attended deceased from
7. Birth date of	- ///-
deceased (mo., day, yr.) Num 2.5. 188/	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
6.6 9 21nrs. min.	Cardia Vancular/ Alexand
Gud	
9. Birlhplace	Due to
10. Usual occupation Farmer	***************************************
	Due to
11. Industry or business 12. Hame. Samo Stauffer	
	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Quince Braunale. 15. Birthplace md.	Major findings of operations.
≥ 15. 8irthplace mg.	"Date of op.
The Coo will the soul	Actory results.
1 CH D HA	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Address Linguis Clase Sta Bull I, Mo	22. VIOLENCE: If death was due to external causes, filt in the following:
17. Date thereof (gronth) (day) (year)	Accident, suicide, or homicide
la de la de la de	
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Ellist City md.	Injured at home, farm, Industry, public ptace (where?)
18. Funeral director J. C. Ly subothous	Meens of Injury Injured at work?
CII VI DY	2-0-m
Address Ellight Illy W.G.	23. SIGNATURE M. D. or other
19. (Otto pocition) 1948 War Zon Harting	M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

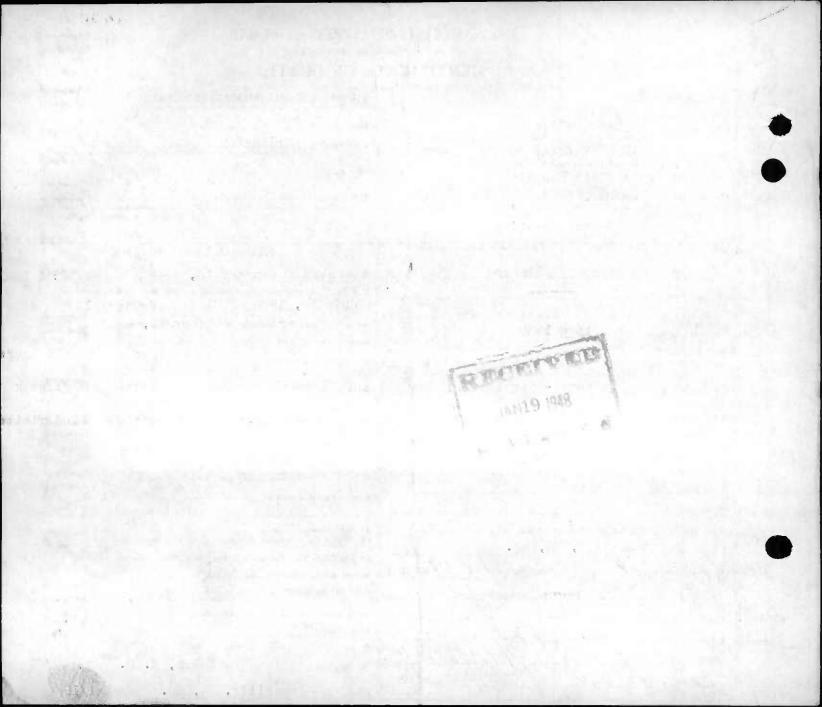
2411 N. Charles St., Baltimore

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00261 Reg. Diat. No. 30

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Maryland  County  Baltimore  City or town. Arlington (If outside city or town limits, write RURAL and give nearest town)  Streef No.  (If rurai, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Daisey Steffey	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced  Female   White   Single	MEDICAL CERTIFICATION  20. DATE OF DEATHJanuary 16, 1948
6.(b) Name of husband or wife	and that I last aaw h. E alive on danua.ry10.,1948
8. AGE: Years Months Days If less than one day	Right lower lobe bronchopneumonia 24 hour
9. Birthpiace	Due to Cerebral embolus l week
10. Usual occupation	Due to Hypertensive C V disease Indefinit
Unknown  13. Birthplace	Diher conditions
14. Maiden name. Unknown 15. Birthplace	Major findings of aperations
16. Informant Hospital records  Address Catonsville, 28, Md.	Antapsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bate thereol (month) day) (year) 8. (Burial, cremation, or genovin). Which?)  Cometery or crematory of fulfine Complete.	22. VIOLENCE: If death was due to external causea, fill in the following:  Accident, aulcide, or homicide
Location Ballymore Tollars 18. Funeral director Supray Degrap	Injured at home, farm, Industry, public place (where?)  Maana of Injury  Injured at work?
19 Jan. 17 18 48 VE Harry	23. SIGNATURE Isadore Tuerk, M. D.  M. D. or other  Catonsville, 28, Md. Pale signed 1/16/48



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	IE OF DEATH Reg. Dist.	No
1. PLACE OD DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town	
How long in above place of death? Hospital, Institution, or street address where death occurred.  How long in hospital or institution?	Street No. (If rural Lynn Julia ON)  2.(a) If veleran, name war.	alen
3. (a) FULL NAME Joseph Michael	Stegman, 3. (b) Social S	Security Number
4. Sex (5/Color or race) 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	01 = 31
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atter	
7. Birth date of	and that I last saw halive on	19
8. AGE: Years Months Days it less than one day	Immediate cause of death	DURATION
9. Birlhplace	Due to from Scholatin of loss	iles,
1D. Usual occupation	066	
12. Name & Lo. 2. M. France.  13. Birthplace & Klahomen.	Other conditions	
14. Maiden name Mary Jane Stegman.  15. Birthplace Pract. Lands.	(Include pregnancy within 3 months of death)  Major findings of operations	
15. Birthplace Profit - Langbas.  16. Informani Pris. Rila D'Donnell	Autopsy results	******************************
Address Obort	PHYSICIAN: Please underline the cause to which death should be 22. VIOLENCE: If death was due to external causes, fill in the following	
17. (Burial, cremation, or removal, Which?)  [Burial, cremation, or removal, Which?]  [Month] (day) (year)	Accident, suicide, or homicide	of
Cemetery or crematory Levas Common Tond	Where did Injury occur? (City or town) (County)  Injured at home, farm, industry, public place (where?)	
18. Funeral director John & Comelly	Meens of Injury Injured at w	
Address 418 Eastern Curs.	23. SIGNATUR Dombacon	e, h. D.
19. 2-3-48 19 Han 6 Cornelly (Date rec'd by registrar) Registra	Deputy meteral 2	e signed,



#### MARYLAND STATE DEPARTMENT OF HEALTH

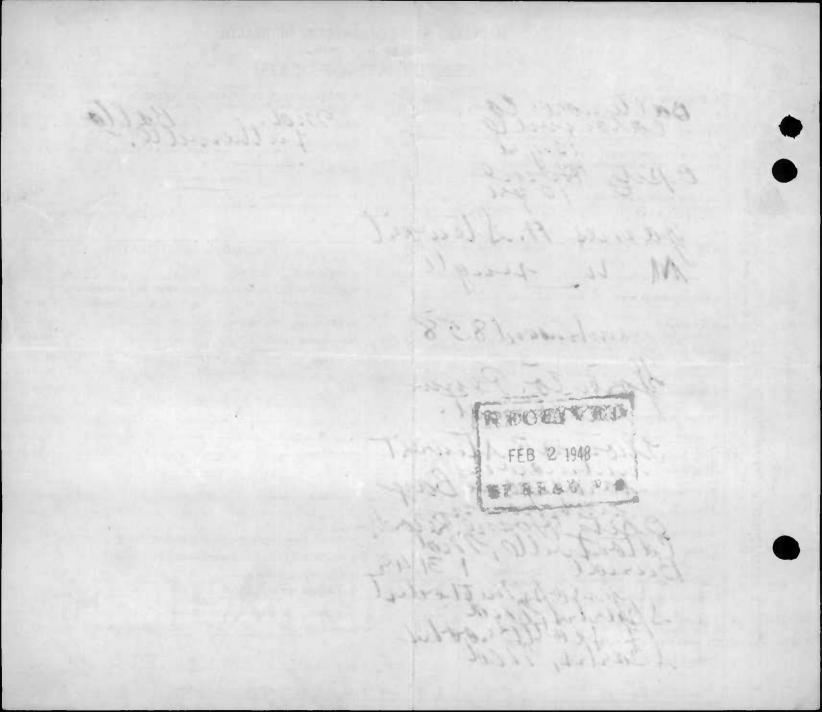
2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Diat. No. 30
County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where seath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infints give residence of mother)  State County County  City or town
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or sivorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 200 30 19 21. VCEATIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife	Trene 10 1031 10 Han 30 194
8. AGE: Years Months Days If less than one day	Immedia: cause of death DURATIO
9. Birthplace (Town, county, and state)  10. Usual occupation (LALA LALA LALA LALA LALA LALA LALA LA	Due to
11. Industry or business  12. Name I loward P. Stewart  13. Birthplace Multiplace	Other conditions
14. Maiden name Stars Influence Stars Influenc	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
16. Informant Opila House Respond	Antopsy results
17. Buried, cremation, or removal, Which?)  Date thereot. (month) (day) (year)	22. ViOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Location	(City of town) (County) (State)  Injured at home, farm, industry, public place (where?)
Address Alle List, It Col.	23. SIGNATURE Desse now Eef M. D/or other
19. (Date ree'd by registrar) Registr	rar Address Beo a Torrera Bate signed

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Diat. No. 31

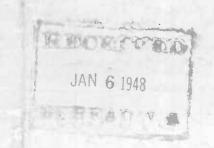
Baltimore	(For newborn infants give residence of mother)	
County	State Md. County Balto.	
City or town(If outside city or town limits, write RURAL and give nearest town)		
(If outside city of town limits, write RORAL and give hearest town)	City or town Randallstown	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest to	wn)
Hospital, Institution, or street address where death occurred:	Street No. Dorsey are.	
Porsey avenue	(If rural, give LOCATION)	***************************************
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		
William Henry Suo	Social Security Number	er
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
$M_{ m ale}   W_{ m hite}   S_{ m ingle}$	20. DATE OF DEATH 5 January 19.48 at 7	7.50 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fro	n 46
	19 48 10 5 Jan	_
7. Birth date of deceased (mo., day, yr.) april 20, 1878	and that last saw harmalive on the farman	19
8. AGE: Years   Months   Days   It less than one day		DURATION
a d	Cerebral Kemonkage	
69 8 16mi	n.	
a Districe Randallstown	1 Hypertensive C.V.D.	
9. Birthplace (Town, county, and state)	Due to Du	
10. Usual occupation farmer	Due to	
11. Industry or business	Due tu	
12. Name John D. Dudman	Other conditions left hemiplegia	
12. Name John D. Sudman 13. Birthplace Dotth Baltimore, m	4	
× 1	(Include pregnancy within 3 months of death)	
I 14. Maiden name danse W. denze		
15. Birthgiace Rockville, md.	Major findings of aperations.	
	Dale of op.	
16. Informant Emma Hagenrater suster	Antopsy results	
Mr. Denogh Rhy Ranglalletin	PHYSICIAN: Please underline the cause to which death should be charged statistic	cally.
Address file Song and any conf	22 MOLENCE, 14 death was due to external source fill in the following:	
17 James Dete thereof Jaw - 8 1948	22. VIOLENCE: If death was due to external causes, fill in the tollowing;	
(Burlal, cremation, or removal. Which)	Accident, suicide, or homicide	
- MK ( Weard ( Don't To.	Where did injury occur?	****************
Cemetery or Crematory	Where did injury occur?	e)
Location / audalfolour) led.	Injured at home, farm, Industry, public place (where?)	
FINIO Jungran	Msans of Injury Injured at work?	
18. Funeral director		
Address HSTO Whethy Very his are	Ch. H. DIM. Ol.	h Q
	23. SIGNATURE haves O. Milliams 1.	7: /.
Date rec'd by registrat)	M. D. or other	
(Date rec'd by registrat)	Address I rhesulle 8, md. Bate signed 5 Ja	en. 48

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

·rh	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull.
BINDING	ry item of
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T)	WITH
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VS A15 9.45-15M	WRITE PL.
S A15	LEASE
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CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County
City or town. Tows on 1. Maryland (If outside city or town limits, write RURAL and give nearest town)	City or town / savelle De Issue
How long in above place of death? 1908 ms 14 days.  Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Eudowood Sanatorium, Towson L, Maryland	Street No
How long In hospital or institution? 14 8 mo 14 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sax   5. Colof or race   8.(a)Single, married, without or disocced	MEDICAL CERTIFICATION
F W marrier	20. DATE OF DEATH January / 1948 21 8.00 M
8.(b) Name of husband or wife. James W Sulliven	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5. (c) If alive, give age	and that I last saw here alive on Dec 3/0 18.48
deceased (mo., day, yr.) Dev 21914	Immediate cause of death ful My T.34 DURATION
8. AGE: Years Months Days If less than one day	2 2 yr.
3 3 30 1hrsmin.	
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Edwar House had	
15. Birthplace Have delsus had	Major findings of operations
Personal history - Hospital Records	
16. Informant	Autopsy results
Address Eudowood Sanatorium, Towson 4, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?)  Date thereof this 3-194  (month) (day) (year)	Accident, suicide, or homicide
Can well falled	
Cemetery or prehatory.	Where did Injury occur?
Location The de James March	Injured at home, farm, Industry, public place (where?)
18. Funeral directo Lemmah + de	Means of Injury Injured at work?
Address Foure de Siga me	23. SIGNATURE A A Bridges
Man. 2 48 a. K. Lewis m. D.	M. D. of other
19. (Date rec'd by registrar)  Registrar	Address Towson 4, Maryland Date signed Fam. 1-48



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	
Now long in hospital or institution?	2.(a) 1f veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
BERTIE SWEETMON	
female   5. Color or race   6.(a)Single, married, widowed, or divorced   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1   6.1	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife. William C. Sweetmon  6.(c) If allve, give age.  7. Birth date of deceased (mo., day, yr.)  Dec. 4th, 1884	21. I CERTIFY that death occurred on the date above elated; that I attended deceased from  Supply 5 1947 to 1947 1947 1947 1947 1947 1947 1947 1947
8. AGE: Years Months Days If less than one day 26hrs.	Rente Cardiac Vilatition 15MIN.
9. Birthplace	Due to. Christian Myseralities / S.
Henry Cline    12. Name Henry Cline   Pa.	
Brenneman	(Include pregnancy within 3 months of death)
14. Malden name Pa.  15. Birthplace	Major fiediogs of operations
16. Informant Mr. William C. Sweetman	
Address Camp Chapel Rd., Fullerton    Durial   Date   Date	22. VIOLENCE: If death was out to external causes, fill in the following:  ar)  Accident, suicide, or homicide
18. Funeral director Rassach Funeral Hone Address 7401 Bolgir Road  19. / 3/48 Hallo M. Hamm	23. SIGNATURE LONG Supplement of M. D. or other



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Diat.	No

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town (Noutride city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 3601 E. Jayetta St. (If rupl, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clay tim Tatt.	3. (b) Social Security Number
4. Sex Scoor or race (6.(a) Single, prarried, wildowed, or division of the state of	MEDICAL CERTIFICATION  STATE OF DEATH. Sur 5:- 1948 at 9194.
6.(b) Name of husband or wife Mildald Toll	21. I CERTIFY that least occurred on the date above stated: that I alfended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days I if less than one day	Immediate cause of death
9 Richaldes Sax on will Maso	Due to
1D. Usual occupation.	Oue to
11. industry or business Bethilfful Steel	
12. Name Dom John Man 21. Name 22. Name	Dther conditions
	(include pregnancy within 3 months of death)
14. Maiden name Oom Show	Major findings of operations
16. Informant Orline 13. Eugewald	Autopsy results.
Address Belmont Maso	PHYSICIAN: Please noderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was dye to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MT Freakes	Where did injury occur? (County) (State)
Locatio Waltham Maso achusetts	Injured at home, farm, industry, public place (where?)
18. Funeral director Ham. Maller La Orial Tumana	Meens of Injury Injured at work?
Address 200 Forleans St. Home	23. SIGNATURE / // Davis ma
19. (Date re'd by registrar)  19. Registrar	Address Dund - Stam . Back of Con MA
(Date the dry registrat)	Audices

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The a is especially important. Physicians: please write the causes of death clearly and legibly.

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County City or town. City outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 3. 10.  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
E C. Widow	20. DATE OF DEATH. Jan 22 1948 PM
S,(b) Name of husband or wife Alexander	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Jen 21. 1945
7. Birth date of Section 1997 (Section 1997)	and that I last saw h. 1 alive on 50 22 19 4/
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
76 3 22nrs. min.	Cornery occlusion 2 day
	Que to huperlanoin (exential) Pears?
9. Birthplace	Due 10.
10. Usual occupation. Money	
	Due to
11, industry or business	
12. Name Churles Baseure 13. Birthplace	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Carolina Jacoura	Major findings of operatioos
🖁 15. Birthplace Md	Date of op.
16 Informant Tannie mugas	Autopsy results
Address Larely Mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
00 : 2 / J = 35k/6	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory Assetting Cemetery	Where did Injury Occur?
Location Steley Mid	Injured at home, farm, industry, public place (where?)
Mark Cothe & Minde And	Meens of Injury injured at work?
18. Funeral director	1 10 11 1 - 2
Address 1/29/1. Eastern of	23. SIGNATURE pld ( Hodrus m. p
18 Jan. 24, 1848 a.W. Hedrick	Edeluted md 1-77-48
Date rec'd by registrar)  Registrar	Address Edglwood md Dale signed 1-22-47



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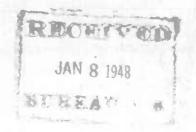
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2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Diat. No ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Balto.	
(If out de city or town limits, write RURAL and give nearest town)	State County Cou
How long in above place of death?	City or town
Hospilal, institution, or street address where death occurred:	Street No. 707 J. St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ha of Jacobs	217-01-0457
4. Sex   5. Color or race   5.(a)Single, married, wildows or divorced	
4. Sex 5. Color or race 6.(a) Single, married, wildowed or divorced	MEDICAL CERTIFICATION
malle Cal m.	20. DATE DF DEATH / Some any 6 - 19.48 at 3 P. M
San' Al	
6.(b) Name of husband or wife Munne Vaylor	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw harman alive on
deceased (mo., day, yr.)	Immediate There of deaths
8. AGE: Years Months Days If less than one day	Cardine Failure 3 days
67min.	
1 1 15	Later Day of Super Stranger Carting
9. Birthplace Outs (Town, county, and state)	Due to Control
	Casours disease 3 year
10. Usual occupation of all over	Due to D
11. industry or business	Similared arterio - Makana
III Maken area	Other condition Colorson
12. Name Umen cur	Utner conditions
	(Include pregnancy within 3 months of death)
14. Malden name 2/12/12/12	
6	Major findings of operations.
≥   15. Birthplace	- Date of op.
16. Interment Munnie Jaylor	Autopsy results
7120 81 800 PK	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 107 4. M. Granows 14.	22. VIOLENCE: Il death was due to external causes, fill in the following:
17. Burial cremation or removal Which?)  (Burial cremation or removal Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location a. a. bo.	Injured at home, farm, Industry, public place (where?)
LOCATION	Means of Injury Injured at work?
18. Funeral director Namuel IV. Dullwan Ja	magna of tube()
10.1 10 01 - + A MA	J Hack 2 A
Address 1011 M. Wilington Me 10011.	23. SIGNATURE DAVOSON LO. MANDES M. W
" Han. 6- " 48 Dawson La. Herbe	1 P. X 4 . M. D. or of of
(Date rec'd by registrar) Registrar	Address Marrows ond, Ma Date signed 16/48



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Address

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Maryland (If outside city or town limits, write RURAL and give nearest town) 405 W. Chesape ake Avenue (If rural, give LOCATION)

How long in hospital or Institution?..... 3. (a) FULL NAME

1. PLACE OF DEATH:

4.05 W. Chesapeake Avenue

Baltimore

How long in above place of death? ...... / /2 YEQKS

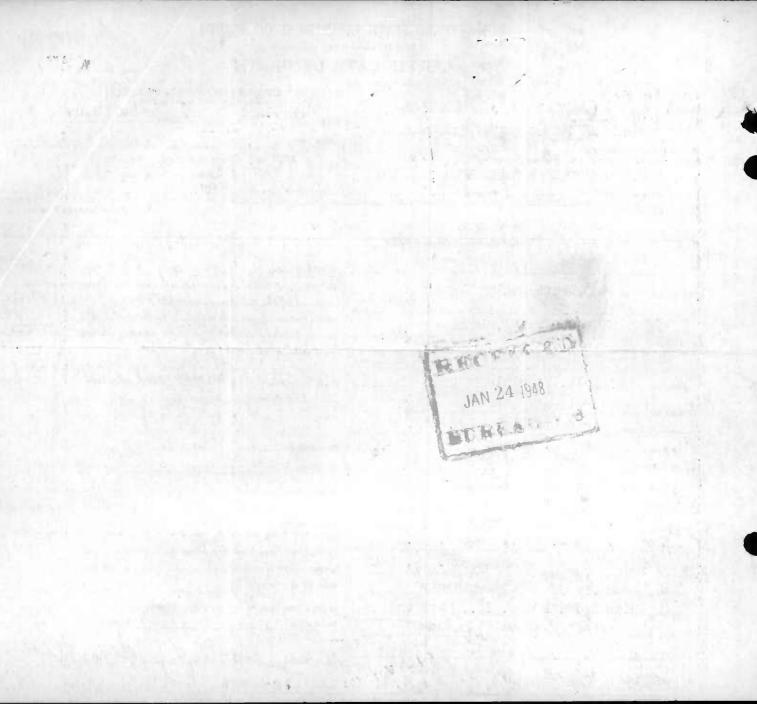
Hospital, institution, or street address where death occurred:

3. (b) Social Security Number None

Reg. Dist. No.

JOHN WESLEY THOMAS 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex Married Male White 6.(b) Name of husband or wife. Laura Bosley Thomas .B.(c) If alive, give age ... January 22, 1856 deceased (mo., day, yr.) If less than one day 8. AGE: 10 9. Birthplace Norfolk, Virginia (Town, county, and state) Metired 10. Usual occupation. Accountant - B. & O. R.R. 11. Industry or business Robert S. Thomas Notth Carolina 13. Birthplace Sarah Jessely North Carolina Mrs. Laura B. Thomas Address 405 W. Chesa. Ave., Towson, Md. Date thereof Jan 19, 1948 (month) (day) (year) Burial (Burial, cremation, or removal, Which?) Wesley Chapel Cemetery 18. Funeral director

MEDICAL CERTIFICATION	
20. DATE OF DEATH	11030P
21. I CERTIFY that death occurred on the date above stated; that I affended decea	sed from
Dec 1 19417, 10 Jan 1	
and that I last saw h	19.4.8
mmediate rose at death from fly and fly are fly and	DURATION
will commany or live	116/48
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Due to lipteriorelessis and sendle	Marken
change	***************************************
Due to	***************************************
Other conditions	
international desiration of death	
(Include pregnancy within 3 months of death)	
Majar findings of operations	
Autopsy results	tatistically.
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	
Where did injury occur?	(State)
injured at home, farm, industry, public place (where?)	
Misens of Injury tnjured at work?	1
. /   /   /   /	/



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

00271 Reg. Dist. No. 33

A. PLACE OF 1	DEATH:			2. USUAI. RESIDENCE (HOME) OF DECEASED: (For promborn infants give residence of mother)	
County	ltimore			state Maryland county Frederich	
City or town	Ovin S. M.	mits, write i	tURAL and give nearest town)	City or town R. F. D. #1	
			il 58, 1939.	(If outside city or town limits, write RURAL and give ne	arest town)
Hospital, Institution,	or street address where	death occurre		Street No.	
			ning School	(If rural, give LOCATION)	
		ıceA.p	ril 28, 1939	2.(a) If veteran, name war	
3. (a) FULL NA				3. (b) Social Security	Number
Thomp	son, Haze				
4. Sex	5. Color or race	8.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
F	V'	S		2D. DATE DF DEATH January 19. 1948	.,at 6 Pm
6.(b) Name of husba	None	3		21. I CERTIFY that death occurred on the date above stated; that I attended dec	
6.(0) Name of nuses			-N. 14 - 11 1	Jan, 1, 1948 19 10 Jan.	
7. Birth date of			c) If alive, give ageyears	and that I last saw h er alive on Jan. 19	19.48
deceased (mo., da	y, yr.) August	13,1 Days	1 If less than one day	Immediate cause of death	DURATION
o. Mon.			and the state of t	Proncho Pneumonia	
	.8 4	27	hrsmin.	#cute Eronchitis	1 V.k.
9. Birthplace	ashingtor	D-G	astate)	Due to	***************************************
	Inms te,	OSEWO	od State Tr. Sc	hool	
10. Usual occupation	Oft	**************		Due to	***************************************
11. Industry or bus	hompson,	Richa	nd C	Titting Discourse State	
王 12. Name			14 0.	Other conditions Little's Disease with	Birth
	Leesbur			sympthmatic epilepsy. (Include pregnancy within 3 months of death)	11
14. Maiden na	me Schrant	z, Ma	ry F.	Major fiediogs of operations.	157
W 15. Birthplace	St. I	ouis.	T11	Date of op.	
16. Informant	Instituti	onal	Ill. Record Rosewood	Actopsy results	
	Owings N			PHYSICIAN: Please ooderline the cause to which death should he charged	statistically.
Address			1-23-48	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Junea	ion, or removal. Which	Date the	eof. /-23-48	Accident, suicide, or homicide	
			Petersiele	Whers did tajury occur?	(State)
demetery of arch	Thu		no hid	Injured at home, farm, Industry, public place (where?)	
Location			Seaso	Mssns of Injury Injured at work?	
18. Funeral directo	tol	17.	reager		1
Address	The	rmo	no, med.	23 SIGNATURE Starry G. Butte	1
1-2	040	m	an BFline	/ M, D,	or other
(Date rec'd by	o - 19 18		AN B. LLINC. Registrar	Address Owings Mils, Md. Date signed	Jan19



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: BALLIAM ORF				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State Maryland County - Kent		
City or town. (If outside city or town limits, write RURAL and give nearest town)						
How long in above place	ot death?4	MOI	vTH S	City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where d	eath occurred:		Street No.		
	9.4		7746	(If rural, give LOCATION)		
How tong in hospital or	Institution?	MON	/ / / 3	2.(a) If voteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
	Jacob F.	Thomp	son			
4. Sex	5. Color or race		married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white			16 20		
шате	MILLE	1 W	ridowed	20. DATE OF DEATH There 15 1948, 21 24 M		
R.(b) Name of husband	or wife Netti	e H	Thempson	21.1 CERTIFY that death occurred on the date above stylled: that lattended deceased from		
				Jace 1940 to there is 19		
7. Birth date of	0 9	10	tt alive, give ageyea	and that I last saw harmalive on Joe		
deceased (mo., day, y		18	6/	Immediate cause of death DURATION		
8. AGE: Years	Months	Days	It less than one day	the They can ortro Imon		
80	/.			n.		
9. Birthplace	MARYL	-AND		Due to Secretal 5 6 5		
a. un implace	4 (	onnty, and at	ate)	antana Delerosen		
10. Usual occupation	MERC	MANI	***************************************	Bus do		
11. Industry or business	R	ETIR	56	UUS 10		
	1		• /			
12. Name	WAK	Nou		- Dther conditions		
~1		, ,		(Include pregnancy within 3 months of death)		
14. Maiden name		L	~/	Major findings of operations		
15. Birtholace	0///	Noce	/ Y	Major maings of operations.  Date of op.		
Ro.	. A. OI	PIZ	HOME RECOR			
16. Interment				Antopsy results		
Address CA/	ONSUILLE	, /	Mq.	22. VIOLENCE: It death was due to external causes, till in the following;		
17 Buris	31	Date thereo	(month) (day) (year)	Accident, suicide, or homicide		
	or removai, Which?)			Accident, suicide, or homicide		
Cemelery or crematory Chester Memetery				Where did injury occur?		
Chestertown, Md.				Injured at home, farm, Industry, public place (where?)		
T				Means of Injury Injured at work?		
18. Funeral director						
Address / Chestertown, Md.				A Marie Intowall		
1/15	VF	· A	W de drie	23. SIGNATURE M. D. or other		
19. (Date rec'd by res	19.	/V	Registr			

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#### 2411 N. Charles St., Baltimore

			CERTIFICAT	TE OF DEATH Reg. Diat. No	3	
City or town. Owin (If or How tong in above place Hoapital, Institution, or Rosewood	imore gs Mills utside city or town of death? 1' street address wher State Tra	yrs. 4 e death occurred aining S	nd URAL and give nearest town) mos. 21 days chool 4 mos. 21 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland Couoty Baltimore City or town Owings Mills, Md. (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOGATION)  2.(a) If veteran, name war.		
Joh	n Thompso	on				
4. Sex Male	5. Color or raca White	6.(a)Single	. married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DE DEATH		
8.(b) Name of husband 7. Birth date of deceased (mo., day, y			) If alive, give ageyears	21. I CERTIFY that death occurred on the date above at a ted: that I attended deceased from February 1 19.38 to Jan. 16 1948 and that I last saw him alive on January 16 19.48.  Immediate cause of death DURATION		
8. AGE: Yeara	Months	Days	It tess than one day	Immediate cause of death		
	ince Geor		unty, Maryland	Broncho-pneumonia with pleurisy  Due to Bronchitis	5 days 2 days	
10. Usual occupation  11. Industry or business  12. Name	3			Progressive muscular Dystrophy  Other conditions	17 yrs.	
14. Malden name 15. Birthplace	Edna Eng			(Include pregnancy within 3 months of death)  Major findings of operations		
16. Informant Rosewood School records Address Owings Mills, Maryland				Autopsy results		
(Burisi, cremation Cemetery or cremate	Here	01	(month) (day) (year)	22. VIOLENCE: It death was due to external causes, filt in the following:  Accident, suicide, or homicide		
18. Funeral director  Address  19. \( \sqrt{-19} - \sqrt{9} - (Date rec'd by r	Perster	ine %	Ins Mol. Ay B. Fline Registrar	23. SIGNATURE Jabel H. M. Cleeton  Tsabel H. McClinton, M.D.M. D. or other Rosewood, Owings Mills, Date algoed 1/16/48  Maryland		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and leghly. MARGIN RESERVED FOR BINDING

PLEASE A15



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 30

CERTIFICAT	E OF DEATH Reg. Dist. No. SO
Cliy or town (If outside step or town limits, write ROKAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in above place of death?	Street No. J. J. G. B. G.
How long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME  4. Set 5. Color or race (a) Single, married, wildowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
Lurale While Single	20. DATE OF DEATH 29 1948, 2129 M
6.(b) Name of husband or wife 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) 7/1 with - 3-1869	Immediate company death Our Death Our
8. AGE: Years Months Days If lesy than one day  18 10 2hrsmin.	Carebreal hemorrhy, 24 km
9. Birthplace (Town, county, and state)	Due to Ceretiral Solerosio
10. Usual occupation	Due to.
HI 12. Name Triby of Velghanes	Other conditions energy Week
13. Birthplace 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Include pregnancy within 3 months of death)  Mainr fiedings of operations.
1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address amhers "Maso.	Antopsy resulta
17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. Assessed WWW	Where did Injury occur?
18. Funeral director	Meens of Injury Injured at work?
Address 108 W. Norwhave	23. SIGNATURE W. D. oppother
19	Address 2105 15 6 Lande T Date signed Landy 44



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICA	IE OF DEATH	Reg. Diat. No 2. 3.	
PLACE OF DEATH: Balto				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Glyndon (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?				State Md. County Balto.  Cily or town Glyndon  (If outside city or town limits, write RURAL and give nearest town)		
Hospital, instillution, or s	er Road	ealh occurred	:	Street No Mantau Mill Rd., R.F.D.#1		
How long in hospital or i	Institution?		***************************************	2.(a) If veteran, name war.		
3. (a) FULL NAME		llia	m Elwood Tittl		) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIF	ICATION	
Male	Colored	Ma:	rried	20. DATE DF DEATH January 17 19 48 12:30A .m		
			tle	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 1-17-148 19 19 19 19 19 19 19 19 19 19 19 19 19		
7. Birth date of	T 0		e) If alive, give ageyear	and that I last saw h im alive on not see	n alive	
deceased (mo., day, yr.			1 If less than one day	Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	hrsmin	Fracture Cervical Sp	lnstant Instant	
	Butler &		dy man	0.0000000000000000000000000000000000000		
≝ 12. Name Cl.				Other conditions		
e 13. Bittiplace	Carrie	ihen	<b>1</b>	(Include pregnancy within 3 months of death)		
14. Malden name	Certifie C	t.1.0.8.0.	<u></u>	Major fiediogs of operations		
≥ 15. Birthpiace	Harford	Co.		NONE	Date of op	
16. Informant Ray	ymond Tit yndon, Md.	tle	n	PHYSICIAN: Please underline the caose to which deat	h should be charged statistically.	
17Buria (Burial, cremation,			(month) (day) (year)		Balto., Md. (County) (State)	
Location Balto, Co.  18. Funeral director Landon M. Dansfer				Injured at home, farm, Industry, public place (where?)ButlerRoad		
	Lond		m Diago	3		
19. Saw - 18	1		ory B. E. Line.	23. SIGNATURE DA D. D. Can	at, D. of Venet	
(Date rec'd by reg	istrar)		Registra	AddressReisterstown, Md.		

item of information carefully causes of death clearly and

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2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No	***************************************
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 2 days	State Maryland County  City or town Baltimore  (If outside city or town limits, write RURAL and give nesrest	
Hospital, institution, or street address where death occurred:  Vets. Adm. Hosp. Fort Howard, Maryland	Street No. 909 W. Lombard St. (If rural, give LOCATION)	·*************************************
How long in hospital or Institution? 2 days	2.(a) If webstan, name war WW-1 and WW-2	
3.(a) FULL NAME  CHARLES L. TOUTLOFF, SR.	3. (b) Social Security Num 315-18-2069	iber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Divorced	20. DATE OF DEATH. January 1 19.48	10:05A
6.(b) Name of husband or wife Divorded	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased to December 30 to 47 to January 1	trom 19.48
7. Birth date of	and that I last saw h im alive on January 1	19.4.8
deceased (mo., day, yr.) February 11, 1897  8 AGE: Years   Months   Days   Hiess than one day	Immediate cause ul death	OURATION
8. AGE: Years Months Days It less than one day 50 10 20hrs	Subarachnoid Hemorrhage due to 2 vascular disease with hypertension	hrs.
9. Birinplace Ironwood, Michigan (Town, county, and atate)  10. Usual occupation Laborer		
11. Industry or business		
E 12. Name Frank Toutloff 13. Birthplace Canada		l yr.
14. Maiden name May Winn 15. Birthplace Michigan	Major hudings of operations	
16. Informant Vets. Adm. Hosp. Clinical Records	Autopsy results NORE  PHYSICIAN: Please underline the cause to which death should be charged statis	***************************************
Address Fort Howard, Maryland  17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory  Baltimore National Cemetery	22. VIOLENCE: If death was due to external causes, till in the following;  Accident, suicide, or homicide	
Location 5501 Frederick Ave. Balto.Md.	(City or town) (County) (St. Injured at home, farm, Industry, public place (where?)	
ts. Funeral director Frank J. Cowan	Msans of Injury Injured at work?	
Address 901 Hollins St.Balto.Md.	Paul O. Anderson, M.D.	
C 11 10 10 1	23, SIGNATURE	h

Registrar Address VAH FT. Howard, Md.

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(Date ref'd by registrar)

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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F	Reg.	Diat.	No.	7.	****

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county Bal timore	
Ctty or town Towson 4, Maryland	State County County
(If outside city or town limits, write KUKAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 wo x4	(II offence city of town himses, write hoters and give acatest owns,
Hospital, institution, or street address where death occurred:	Street No. 2903 Popular Timber
Eudowood Sanatorium, Towson 4, Md.	(If rural, give LOCATION)
How long In hospital or institution? 10 ms 14	2.(a) If veteran, name war
	O (I) C + I C + M I
3. (a) FULL NAME Hamilton Tochudy	3. (b) Social Security Number
ali Ischudy	215-03-1349
4. Sax   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH. Jan 9 19 48, 01 11 58 M
11.0. M.L. 1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife where the delication of the least the state of the land of the least the land of the land	7 ch 15 18 47 10 Jan 9 18 48
(nee Leach) 8.(c) If alive, give age years	Jen 9
7. Birth dafe of deceased (mo., day, yr.) april v 6 1899	and that I last saw h. Lee affect on gran 9 1864.8
	Immediate cause of death _ Jack _ OURATION
8. AGE: Years Mooths Days It less than one day	2/292
48 V 17hrsmin.	
a mitte Pa	Due to.
8. 8trihplace	
10. Usual occupation. Chef	
	Due to
11. Industry or business	
= 12. Name Calle Lackunding	Other conditions
3. Birthplace wester on	
E 14 Maidan nama Calas Zunerst	(Include pregnancy within 3 months of death)
14. matter name	Major findings of operations.
2 15. 8 orthplace mente Ja	Date of op.
Personal history - Hospital Records	
	Autopsy results
Address Eudowood Sanatorium, Towson 4, Md.	
Buriel 1/12/48	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereol 1/12/48  [Burial, cremation, or removal, Which?]	Accident, suicide, or homicide
New Cathedral Cem.	Whera did injury occur?
Cemetery or crematory Bal to., Md.	
Location	Injured at home, farm, industry, public place (where?)
WM. J. TICKNER & SONS	Means of injury Injured at work?
18. Funeral director	1/1/1
Address Balto., Md.	6/1/12 2000
11- 10- 0 10 1/1 1	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar) 19. 48 a. W. Helisak. Registrar	The same of the sa
(Date rec'd by registrar) Registrar	Address 10WSO II 4 Maryland Date signed

The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

00278

Reg. Dist. No.

1950

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
City or town(If o How long in above place Hospital, institution, or Vets. Adm.	Fort Howard of death? Applicated address where Hospital	erd mits, write F roxima death occurred Fort	CURAL and give nearest town)	State	, write RURAL and give nea	rest town)
3. (a) FULL NAME		S. TUI	<b>X</b>		3. (b) Social Security 551-01-3925	Number
4. Sex Male	5. Color or race White	6.(a)Singl	e, married, widowed, or divorced  Married	MEDICAL CE	ERTIFICATION	AO.12.8
8.(b) Name of Numbers  7. Birth date of deceased (mo., day, y	2 OF 3		c) If alive, give age38years	21. I CERTIFY that death occurred on the date about January 20,	ve stated; that I attended dece 48, to January 2ry 21,	21, 1948 1948
8. AGE: Years	Months	Days 26	It less than one dayhrsmin.	SUBDURAL HEMATOMA, RI	IGHT, cause	
10. Usual occupation  11. Industry or business  12. Name	Construction Const	tion	ancouver	Other conditions Fracture 10th Multiple Contusion of Unknown Include pregnancy within 3 n	Rib,right	unknown
15. Birthplace	Canada nical Reco	ords, I	own /ets. Adm. Hospita	Major findings of operations	d Above	
17. Burial (Burial, cremation,	, Baltimon	Oate ther	eof (month) (day) (senr) onal Cemetery	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	ses, fill in the tollowing;  Dale of (County)	(State)
16. Funeral director	Belair Ro	peral I		Means of Injury  23. SIGNATURE	Injured at work?	In W

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH:  Counly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate Maryland County  City or fown Baltimore (If outside city or town limits, write RURAL and give nearest town)  Street No. 70.5 S. Montford St. (If rural, give LOCATION)  2.(a) If veleran, name war.  3. (b) Social Security Number
Mary Turowski	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced female   white   married	MEDICAL CERTIFICATION  20. DATE DF DEATH. January 21 19.48 316:10 D.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  August 26, 1947
8. AGE: Years   Months   Days   If less than one day   57   8   30  hrsmln.	Chronic coronary heart disease. Indef.
9. Birthplace Poland (Town, county, and state)  10. Usual occupation housewife  11. Industry or business home	Due to Generalized arteriosclerosis Indef.
12. Name ? Kilian  13. Birthplace Poland  14. Maiden name unk.  15. Birthplace Poland	Other conditions
16. Informant hospital records  Address Catonsville 28, Md.  17. (Burial, cremation, or somoval, Which?)  Cemetery or cremation of somoval, Which?)  Location Date for the day of the day o	Antopsy results. NONE PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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MAKILAND	STAIL.	DEPARTMENT	UP	HEALIE

2411 N. Charles St., Baltimore

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45a	(1)	/
	Reg. Diat. No	-

1. PLACE OF DEATH:  County Baltimore  City or town. Fort Howard  City or town imits, write RURAL and give nearest town)  How long in above place of death? 134 days  How long in hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Maryland  Naryland  City or town. Baltimore  (If outside city or town limits, write RURAL  Sireet No. 39. S. Kossuth Street  (If rural, give LOCATION)  2. (a) If veteran, name war. WW-I  3. (b) Soci	
County Baltimore  City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 134 days  Hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Maryland  How long in hospital or institution? 134 days  2.(a) If veteran, name war. WW-I	
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 134 days (If outside city or town limits, write RURAL Hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Maryland (If rural, give LOCATION)  How long in hospital or institution? 134 days (If rural, give LOCATION)	
How long in above place of death? 134 days  Hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Maryland  How long in hospital or institution? 134 days  City or town Baltimore (If outside city or town limits, write RURAL Street No. 39 S. Kossuth Street (If rural, give LOCATION)  2.(a) If veteran, name war. WW-I	snd give nearest town)
Hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Maryland  How long in hospital or institution? 134 days  2.(a) If veteran, name war. WW-I	a and give mentals sound
Vets. Adm. Hospital, Ft. Howard, Maryland (Ifrurat, give LOCATION)  How long in hospital or institution? 134 days (2.(a) If veteran, name war. WW-I	1/
How long in hospital or institution?134days	1/
3. (a) FULL NAME	
0.40	al Security Number
MARCELLUS H. UHLER 4. Sex   5. Cotor or race   6.(a) Single, married, widowed, or divorced   MEDICAL CERTIFICAL	019-011
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   MEDICAL CERTIFICA	TION
Male White Married 20, DATE OF DEATHJanuary 30	10 1.8 1 7.25 A
ZU, DATE UF DEATH	
6.(b) Hame of his played or wite Irma G Uhler	
7. 8irth date of September 18 1847 to Ja 20 20 20 20 20 20 20 20 20 20 20 20 20	
7. Sirth date of and that I last saw himalive onJamuary30	19.48
deceased (mo., day, yr.) 11-21-91	
Alveolar carcinoma, left uppe	er lobe 6 Mos.
53 2 9 metastatic to brain	plus
Baltimore Manyland Due to Unknown	
s. Birthplace Baltimore Maryland Due to Unknown Due to Unknown	
1D. Usual occupationElectrician	
11. Industry or business	
12. Name Harry B. Uhler Dther conditions Lobular pneumonia, bi	lat 3 days
The state of the s	J
13. Birthplace Carroll Co. Maryland (Include pregnancy within 3 months of death	)
14. Major fieldings of operations  Autopsy results  Substantiated above	
15. Birthplace Fairfax, Firginia Date	1
Clinical Records Vots Adm Hoon Autor sents Substantiated above	g 01 0p
16. Informant Clinical Records, Vets, Adm. Hosp.  Autopsy results.  Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause to which death should be applied to the cause	
Hort Howard Maryland	
22. VIOLENCE: If death was due to external causes, fill in the fo	
17. Burial (Burial, cremation, or removal. Which?)	
Cemetery or crematoryBaltimoreNationalCometery	inty) (State)
Location Baltimore, Maryland injured at home, farm, industry, public place (where?)	
Manage of Interest	1 at work?
18. Funeral director. WM.a. J.a. TICKNER & SONS INC.	
Address North & Pa. Aves., Balto; Md.	
19. Tel 2 19 4 8 A.W. Hederel H. C. MANAUGH. M. D. M. D. M. D. M. D. M. D. M. D. M.	M. D. or other

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

00281 Reg. Diat. No. 45

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
Dorchester Heights Md.	State Nd. County Baltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town. Dorchester Heights (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, institution, or street address where death occurred:	Street No. 2606 Gehb Ave
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME Rosie Vinci	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH Jan 13 1948 19 21 4,30A
6.(b) Name of husband *** late Salvatore Vinci	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Jame 19 45 10 Jan 12 19 48
7. Birth date of deceased (mo., day, yr.) Feb. 5 1876	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediaic cause of death Shiranalis DURATION
71 11 8min.	anu
	Cours lined MANA ( La )
9. Birthplace Cefalu Palermo Italy (Town, county, and state)	Due to the total of the total o
nouse wife	Distalos L
10. Usual occupation	Due to Cleganteera of asm 2 year
11. Industry or business	I williams -
# 12. Name Salvatore Cangelozi	Other conditions.
Italy	(Include pregnancy within 3 months of death)
14. Maiden name. Concetta Catanese	
14. Maiden name. Concetta Catanese Italy 15. Birthplace	Major findings of operations
El 15. Birthplace	Date of op.
16. Informant Anna Glorieso (Daughter)	Autopsy results
Address 2606 Geho Ave (Dorchester Heights Av	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Jan 16/49	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory New Cathedral	Where did injury occur?
. Old Frederick Rd Baltimore Md.	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director frault Wella Voce	Means of Injury Injured at work?
Address 52 N.Norley St.	23 SIGNATURE S. Deman et
1,5 0 0/1, 1/0/	M. D. or other
19. 1/15 19XP H.W.) Hedica	Advase medical atto 1 Se 4 9 Date signed
(Date reg'd by registrar)	11 Rodress

SA

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 1	1	н	30
- 1	1		

1. PLACE OF DEATH:  County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md. County
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 2 weeks	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital Institution or street address where death occurred:	Street No. 819 N. Streeper Street
Opitz Old Age Home	(If rural, give LOCATION)
How long in hospitat or institution? 2 weeks	2.(a) If veteran, name war
3. (a) FULL NAME -	3. (b) Social Security Number
JOSEPH VYSKOCIL	
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH, January 27 1948, 21 3 9.
Frances (nee Prochastes)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of the Frances (nee Prochaska)	January 27 19.48, 10, January 27 19.48
	26 26
7. Birth date of deceased (mo., day, yr.) November 4, 1865	and that I last eaw homen alive on January 26 19# 9
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
0. AGE.	Tura. Iwa.
02	
Czechoslovakia	Due to Hartenius Cardio - Vasantes
(Town, county, and state)	Rend disease 10n. (?
10. Usual occupation retired	
	Due to
11. Industry or business    12. Name	
	Other conditions
13. Birthplace Czechoslovakia	(Include pregnancy within 3 months of death)
14. Maiden name unknown	
It It	Major fiediogs of operations.
	Date of op.
16 Interment Anton Vyskocil - son	Autopsy resolts.
819 N. Streeper St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof 1/30/1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crack, Holy Redeemer	Where did Injury occur?
Location 4430 Belair Rod. Baltimore, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles E. Schimunek	Meens of Injury tnjured at work?
Address 2601-3-5 E. Madison Street	- 11 × 3 11 20
Address NOOL-0-0 D. INCOLDED DOTES	23. SIGNATURE
19. 1/29/08/19 Q. W- Bedush	Address Catorswille-28, 24. Date signed 1-28-17
(Dat rec'd Wy fegistr#) Registrar	Address Date signed

PLAINLY, WITH INFADING INK. Supply every item of information carefully. The corner age is especially important. Physicians: please write the causes of death clearly and legibly.

# PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00283 Reg. Diat. No. 31

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dalfins L	(1) - 1 7
City or town	State 2000 County Office.
How long in above place of death? 5-40	(If outside city or town limits, write KURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Lavouvor Rd'
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Putto Wall	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 C manued	20. DATE OF DEATH 901 7 148 217:35 P. N
6,(b) Name of husband of wife O Karles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Leve. 8 1947 10 9 cm 7 19.48
7. Birth date of deceased (mo., day, yr.) 11-13-1910	and that I last saw h
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
37 1, 24	The contract of the contract o
a Blotheless Va.	Oue to.
9. Birthplace(Town, county, and state)	
10. Usual occupation.	Que to.
11, Industry or business	
= 12. Name Kas. Sympson	Other conditions
12. Name Kas. Simpson  13. Birthplace	(Include pregnuncy within 3 months of death)
H 14. Maiden name Clara Thumpadsu  15. Birthplace Va	Majur findings of operations
21 15. Birthplace	Qate of op.
16. Informant	Autupsy results
Address Ward of Ka - Woodlawaug.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Burbel Qate thereof -11-48	Accident, suicide, or homicide
(Buriul, cremation, or removul, Which?)  Oate thereof (month) (day) (year)	200000000000000000000000000000000000000
Cemetery or crematory	Where did Injury occur?
Location Boslow Var	Injured at home, farm, Industry, public place (where?)
18. Funeral director Chas. Hwoper	Meens of Injury Injured at work?
1 12 h Care boller him	Marell Chillia Min
Address 3 /0 - 10 /1. ( and eller colle .	23. SIGNATURE M. D. or other
19. 10 19 48 a.M. Helich	1100 00 00 1/18748
(Bate rec'd by registrar) Registrar	Address 999 00000000000000000000000000000000

00284

#### CERTIFICATE OF DEATH

Diat. No. 40

	Reg. Dist. To.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants) give residence of mother)  Stale
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  Telefore (a) Single, married, widowed, or divarced	3. (b) Social Security Number
4. Set 5. Color or cred 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 25 19 25 N
6,(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
	and that I last saw h. La
7. Birth date of deceased (mo., day, yr.) Dec 24   8.7   8. AGE: Years Months Days If less than one day	Immediate cause of death
8. Aug.: 76 / /hrsmin.	Carquetije heart Jailme Jurus
9. Birthplace	Due to.  Hypertensis carlo - ?
10. Usual occupation	Due to Unacular disease
11. Industry or business  12. Name	Other conditions
0'	(Iuclude pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.  Date of op.
18. Informant of the persons	Autopsy results
Address Harrie W. Green 2.8.	VIOLENCE: If death was due to external causes, fill in the following:
(Burish Gremation, or removal, Whigh!)  Date thegeof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Super rupe.	(City or town) (County) (State)
Location Control Contr	Means of injury Injured at work?
18. Funerat director	23. SIGNATURE Hardd a. gratt, 14.D.
Lan 28 .48 C. Cather	23. SIGNATURE M. D. or other

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-15M

VS A15 9.4

(Date rec'd by registrar)

FFB 6 1948

1 2001

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

RESERVED FOR BINDING

MARGIN

## MARYLAND STATE DEPARTMENT OF HEALTH

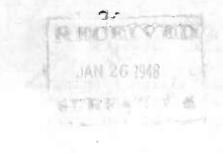
2411 N. Charles St., Baltimore

00285

# CERTIFICATE OF DEATH

Reg. Diat. No. 33

Country Balto.  City or town. Reisterstown  City or town. Reisterstown  City or town limits, write RURAL and give nearest town)  Street Ma.  City or town. Reisterstown  City or town. City or town.  City or town.  City or town.  City or town.  City or town.  Country or treals.  Coun	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or form. And the control of t		State Md . County Balto
Rev long in above place of destrit.	(If outside city or town limits, write RURAL and give nearest town)	
Size   No.   Cleared address where death occurred:   Size   No.   Cleared and   Clea	How long in above place of death? 2 yrs	(If outside city or town limits, write RURAL and give nearest town)
Note the long in heaspilal or institution?  3. (a) FULL NAME  Joseph Benjamin Washington  S. Color or race  Male  Colored  Widowed  Male  Colored  Widowed  S. (b) Name of husband or wile.  Hattie Washington  S. (c) Halve, gire age  As (c) Halve, gire age  As (c) Halve, gire age  As (c) Halve, gire age  S. AGE: Tears  Months  Balto.Co.  (Town, county, and state)  10. Usual occupation  11. Industry or business  12. Name  Matilda Diggs  Mating re business  15. Birthplace  Charles Co  (Thomas or emoval, Which)  Comonth) (day) (year)  Comeler or cemoval, Which?)  Comonth) (day) (year)  Comonth) (day) (year)  Comonth) (day) (year)  Comonth) (day) (year)  Mann of the fall shows due to eternal causes, fill in the following:  Actident, suickle, or homicide.  Mann of those of the fall shows and the charged statistically.  Mann of the fall was due to eternal causes, fill in the following:  Actident, suickle, or homicide.  Mann of the fall was due to eternal causes, fill in the following:  Actident, suickle, or homicide.  Mann of injury  (Country) (State)  Injured at work?  Mann of injury  Apple of the state of the st	Hospilal, Institution, or street address where death occurred:	
3. (a) FULL NAME  Joseph Benjamin Washington  4. Set  S. Color of race  Male  Colored  Widowed  6. (b) Name of husband or wife.  Hattie Washington  5. (c) Haline, give age  S. Colored  S. (c) Haline, give age  S. Colored  S. (c) Haline, give age  S. Colored  S. (c) Haline, give age  S. AGE:  Tears  Menths  Days  If less than one day  S. Birthplace  Balto.Co.  (Town, county, and state)  10. Usual occupation  11. Industry or business  12. Is Birthplace  Charles Co  (The wind name  Matilda Diggs  13. Sirthplace  Balto C.  Balto C.  Balto C.  Balto Co.  Balto		
Aser   S. Color or race   E. (a) Single, married, widowed, or diverced	How long in hospital or institution?	2.(a) If veleran, name war
Male Colored Widowed  5.(a) Name of husband or wife. Hattie Washington  5.(b) Name of husband or wife. Hattie Washington  5.(c) Hallve, give age  5.(d) Name of husband or wife. Hattie Washington  5.(e) Hallve, give age  5.(e) Hallve, give age  5.(f) Hallve, give age  7. Birth date of deceased (mo., day, yr.) May 16, 1895  8. AGE: Years Months  6.(c) Hallve, give age  7. Birth date of (mo., day, yr.) May 16, 1895  8. AGE: Wears Months  7. Birth date of (mo., day, yr.) May 16, 1895  8. AGE: Wears Months  8. AGE: Wears Months  8. AGE: Wears Months  9. Birthplace Balto. Co.  (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name William. Washington  13. Birthplace Charles Co  14. Malden name Matilda Diggs  15. Birthplace Balto.  16. Informant Mrs., John Beard  Address Reisterstown, Md.  17. Burial  18. Funeral director remaitor, Piney Grove  19. Location Balto. Co.  19. Industry or business  19. Industry or county, which Date thereof Jan. 21, 1248  19. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  19. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  10. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  10. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  11. Superal director for the properties the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Funeral director for town) (County) (State)  18. Industry of the properties the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Industry of the properties the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Industry occur?  19. Location states the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the follo	3. (a) FULL NAME	3. (b) Social Security Number
Male Colored Widowed  5.(a) Name of husband or wife. Hattie Washington  5.(b) Name of husband or wife. Hattie Washington  5.(c) Hallve, give age  5.(d) Name of husband or wife. Hattie Washington  5.(e) Hallve, give age  5.(e) Hallve, give age  5.(f) Hallve, give age  7. Birth date of deceased (mo., day, yr.) May 16, 1895  8. AGE: Years Months  6.(c) Hallve, give age  7. Birth date of (mo., day, yr.) May 16, 1895  8. AGE: Wears Months  7. Birth date of (mo., day, yr.) May 16, 1895  8. AGE: Wears Months  8. AGE: Wears Months  8. AGE: Wears Months  9. Birthplace Balto. Co.  (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name William. Washington  13. Birthplace Charles Co  14. Malden name Matilda Diggs  15. Birthplace Balto.  16. Informant Mrs., John Beard  Address Reisterstown, Md.  17. Burial  18. Funeral director remaitor, Piney Grove  19. Location Balto. Co.  19. Industry or business  19. Industry or county, which Date thereof Jan. 21, 1248  19. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  19. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  10. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  10. Location Balto. Co.  10. Industry or company. Which Date thereof Jan. 21, 1248  11. Superal director for the properties the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Funeral director for town) (County) (State)  18. Industry of the properties the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Industry of the properties the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Industry occur?  19. Location states the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the follo	Joseph Benjamin Washington	
Male Colored Widowed  6.(b) Name of husband or wife		
5.(b) Name of husband or wife. Hattie Washington  5.(c) If alive, give age years deceased (mo., day, yr.) May 16, 1895  8. AGE: Years Months Days If less than one day 1 mindistre cause of death of the date of t	Mala Galanad widawad	
S.(c) If alive, give age years  7. Bith date of deceased (mo. day, yr.) May 16, 1895  8. AGE: Years Months Days If less than one day  5. S. AGE: Years Months Days If less than one day  10. Usual occupation.  11. Industry or business  12. Name William Washington  13. Birthplace Charles Co  14. Maiden name Matilda Diggs  15. Birthplace Balto C.  16. Informant Mrs. John Beard  Address Reisterstown, Md.  17. Burial  18. Funeral director Freewald, Which)  Cemetery or crematory or removal, Which)  Cemetery or crematory or removal, Which)  Balto CO.  Address Peisterstown, Md.  3. Signature Matilda Diggs (County) (State)  Injured at home, farm, industry, public place (where?)		
7. Birth date of deceased (mo. day, vr.) May 16, 1895  8. AGE: Years Months Days If less than one day Immediate cause of death Duration  9. Birthplace Balto.Co. Co. Town, county, and state)  10. Usual occupation. L. AROTER  11. Industry or business  12. Name. William. Washington  13. Birthplace Charles Co  14. Maiden name. Matilda Diggs  15. Birthplace Balto C.  16. Informani. Mrs. John Beard. Address Reisterstown, Md.  17. Burial (Usual Communication) Duration (month) (day) (year)  18. Fungal director from or removal. Which!)  Cemetery or crematory. Drivey Grove  Location. Balto.Co.  Balto.Co.  Balto.Co.  Balto.Co.  Injured at home, farm, industry, public place (where?)  Means of injury Injured at work?	6.(b) Name of husband or wife Hattie Washington	
8. AGE: Years Months Days If less than one day 52-53 8 1 Mrs. min.  9. Birthplace Balto. Co. (Town, county, and state)  10. Usual occupation. Loworer  11. Industry or business  12. Name. William Washington  13. Birthplace Charles Co  14. Maiden name. Matilda Diggs  15. Birthplace Balto C.  16. Informani. Mrs. John Beard Address Reisterstown, Md.  17. Burial (Burial, cremation, or removal, Which) Date thereof. Jan. 21, 1243 (Burial, cremation, or removal, Which) (month) (day) (year)  Cemetery or crematory Piney Grove  Location Balto.Co.  Balto.Co.  Magnetiate cause of death  Due to.  Due to.  Due to.  Due to.  Due to.  Unclude pregnancy within 3 months of death)  Major findings of operations.  Balto death should be charged statistically.  22. Violence: if death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Balto.Co.  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?	& (c) If alive give age years	
8. AGE: Years Months Days If less than one day 52-53 8 1	7. Birth date of Nov. 16 1905	
S. Birthplace Balto. Co. (Town. county, and state)  10. Usual occupation. Laborer  11. Industry or business  12. Name William Washington  13. Birthplace Charles Co  14. Maiden name Matilda Diggs  15. Birthplace Balto C.  16. Informal Mrs. John Beard  Address Reisterstown, Md.  Date thereof Jan. 21, 1248  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Piney Grove  Location Balto. Co.  Address Reisterstown, Md.  Address Reisterstown, Md.  Date to.  Due to.  Due to.  Due to.  Other conditions  Oth		Immediate cause of death DURATION
9. Birthplace Balto Co.  10. Usual occupation Lowerer  11. Industry or business  12. Name William Washington  13. Birthplace Charles Co  14. Maiden name Matilda Diggs  15. Birthplace Balto C.  16. Informant Mrs. John Beard Address Reisterstown, Id.  17. Burial Burial Date thereof Jan. 21, 1248  (Burial, cremation, or removal, Which?)  Cemetery or crematory Piney Grove  Location Balto.Co.  Address Peisterstown, Md.  18. Funeral director Finey Grove  Location Balto.Co.  Address Peisterstown, Md.  22. Signature Means of injury Date (where?)  Injured at work?	o. Aul.	Mysefaldelis 2 Ms
10. Usual occupation. Lowers  11. Industry or business    12. Name	5253 8 1hrsmin.	The compensation
10. Usual occupation. Lowers  11. Industry or business    12. Name	9. Birthplace Balto Co. (Town, county, and state)	Due to
11. Industry or business    12. Name.   William   Washington     13. Birthplace   Charles   Co	Loborer	
12. Name William Washington  Other conditions  O	10. Usual occupation	
Other conditions  Other condit		
14. Maiden name   Matilda Diggs   15. Birthplace   Balto C	里 12. Name William Washington	
14. Maiden name Matilda Diggs 15. Birthplace Balto C.  16. Informant Mrs. John Beard  Address Reisterstown, Md.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory. Piney Grove  Location Balto.Co.  Balto.Co.  Balto.Co.  Injured at home, farm, industry, public place (where?)  Msjor findings of operations.  Msjor findings of operations.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE		acule abornen 3dest
Address Reisterstown, Id.    Burial   Bate thereof   Jan. 21, 1948	Matilda Diggs	
Address Reisterstown, Id.    Burial   Bate thereof   Jan. 21, 1948	Ralto C	
Address Reisterstown, Id.    Burial   Bate thereof   Jan. 21, 1948	≥ 15. Birthplace Dat 00 0 •	
Address Reisterstown, and a series Reisterstown,	16. Informani Mrs. John Beard	Autopsy results.
Burial  (Burial, cremation, or removal, Which?)  Cemetery or crematory  Balto.Co.  Location  Balto.Co.  Injured at home, farm, industry, public place (where?)  Mesns of injury  Address  Reisterstown, Md.  Accident, suicide, or homicide.  Dale of.  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Mesns of injury  23. SIGNATURE  Where did injury occur?  (City or town)  (County)  (State)  Mesns of injury  24.  25.  26.  27.  28.  28.  29.  29.  20.  20.  20.  20.  20.  20	Address Reisterstown, Md.	
Cemetery or crematory. Piney Grove  Balto.Co.  Location Balto.Co.  Injured at home, farm, industry, public place (where?)  Mesns of injury  Address Reisterstown, Md.  23. Signature  Where did injury occur?  (City or town) (County) (State)  (Injured at home, farm, industry, public place (where?)  Injured at work?	Burial Jan. 21, 1948	
Balto.Co.  Injured at home, farm, industry, public place (where?)  Mesns of injury  Address Reisterstown, Md.  23. SIGNATURE  We Described	(Burial, cremation, or removal. Which?) (month) (day) (year)	
Balto.Co.  Injured at home, farm, industry, public place (where?)  Mesns of injury  Address Reisterstown, Md.  23. SIGNATURE  We Described	Cemetery or crematory Piney Grove	Where did injury occur?
18. Funeral director. F. Eline . Sms  Address Reisterstown, Md.  23. SIGNATURE  Wesns of Injury Injured at work?	70 70 10	Injured at home, farm, Industry, public place (where?)
Address Reisterstown, Md.	I DESTING	
23. SIGNATURE		
23. SIGNATURE	Address Reisterstown, Md.	Mus & Sallell
19 - 20 - 19 48 Clary D. L. Me. Registrar Address Clark Date signed - 20 - 48	0 ~1	M D or other
	(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Vera lesson Med Bale signed - 20-40



MARGIN RESERVED FOR BINDING

# VS A15 9

PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Ruth Jenny Wells	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   Fernale   White   Single	MEDICAL CERTIFICATION  20. Date of Death 20 January 1948, at 12:55-P. M.
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  26 December 19 48 to 20 an 4ary 19 48  and that I last saw h. E. alive on 6 an 4ary 19 48  Immediate cause of death.  DURATION
8. AGE: Years Months Days It less than one day 2 0 hrs. min.  9. Birthplace Baltimore City Balt. Co. Md. (Town, county, and state)	Retroperitoneal Sarcoma Imonths  Due to
10. Usual occupation	Due to
12. Name Let-oy Theodore wells 13. Birthplace Royalton, Wisconsin	Other conditions
14. Maiden name Elizabeth Emma Steele 15. Birthplace Canton, Ohio	Major findings of operations Retroperitone   Satcoma  Date of op. 20 July 1947
18. Interment Letoy Theodore Wells Address Phoenix, Md	Antopsy results
(Burial, eremation, or removal, Which?)  Cemetery or erematory Moreland Memorsual and	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Gaetinione md  18. Funeral director Genry M. Jenkemo Johns Co	Injured at home, farm, industry, public place (where?)
18. (Date rec'd by registrar)  18. Registrar	23. SIGNATURE halfu T. Kees M. D. or other  Address Cocheys ville, Md. Bate signed 1-20-48

inforpline PHYSI PERMANENT 6 certificate. properl IS THIS. may back that instructions UNFADING supplied plain terms, See carefully important ııı DEATH pe plnods OF

OCCUPATION

FATHER

MOTHER

CAUSE mation

LION

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER GOLAN

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Baltemore County ___ Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.___ St. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (rupite the word) marries 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the data stated above, at ..... 1 day, ..... hrs. 10 The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Data deceased last worked at this occupation (month) and 11. Total tima (years) spant in this occupation __ 12. BIRTHPLACE (city or town (State or country) 13. NAME 14. BIRTHPLACE (city or town) Neme of operation. (State or country) What test confirmed diagnosis?_____ Was there en eulopsy?. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? ..... Date of injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did Injury occur? ....

Manner of Injury

If so, specify

Nature of Injury ____

(Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

24. Was diseasa or injury in eny way related to occupation of deceased?

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Ì		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1011 20 1948	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory of	causes of importance:	1 year
				2 3001

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARYLAND STATE DEPARTMENT OF FRALTH Coath Reg. Dist. No....

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Baltimore		State Maryland
	City or town Dungalk 22. (If outside city or town limits, write RURAL and give nearest town)		County City or town Baltimor 25
	Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)
	239 Bettern Cl		Street No. 1308 Druker CF
	Length of mother's stay in County		(If RURAL give LOCATION)
3.	Name of child Many White	4.	Date of birth January 12,1948 Hour 6 48 M.
	Sex F 6. Twin or triplet No	7.	No. of weeks pregnancy. 20
	FATHER OF/CHILD	1	MOTHER OF CHILD
8.	Full name, Provent grand	12.	Full maiden name Janette Averette
9.	Color 20 10. Age at time of this birth 25 yrs.	13.	Color 14. Age at time of this birth 2yrs.
11.	Usual occupation Kakow	15.	Usual occupation Housewife
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now de	ad?	(c) How many other children were born dead?
17.	Did child die before labor? During labor?	21.	Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of		prematurity, asphyxia, etc., try to add cause thereof.
			(a) Fetal causes
19.	Labor: (a) Complications of		(b) Maternal causes Taurus to Willows
20	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead*
20.	(Yes or No)  (b) State all operations, if any		on the date and hour above stated.
	(b) State an operations, if any	2	Signature Hilliam S. Hade, M. D.
	(c) Did child die before operation?		(Specify if M. D., midwife, or other)
	During operation?		Address 140 Case Ave.
23.	(a)(b) Date thereof(Burial, cremation or removal) (arch) (day) (year)	25.	(a)(b)(Registrar)
	(Burial, cremation or removal) (c) Cemetery or crematory (month) (day) (year)		(Date rec'd by registrar) (Registrar)  (To be filled out if no physician was present at delivery.)
24.	(a) Funeral director	20.	The above certificate has been examined by me.
	(b) Address		Health Officer, per
	* See Instruction C on stub.	٦,	

COPY SENT TO LOCAL REGISTRAR No. DATE 1/16/48



2411 N. Charles St., Baltimore

00290

CERTIFICATE OF DEATH

BC				.1		1	
Reg.	Diat.	No.	4	7_	4	-	

1. PLACE OF DI	More		2. USUAL RESIDENCE (HOME) OF DEC	EASED:		
			State Maryland County	······································		
(If	outside city or town	limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write			
How long in above place	e of death?	death occurred:	(If outside city or town limits, write	RURAL and give nearest town)		
		tion Hosp. Ft. Howard, Md.	Street No. 119 S. Bond Street			
		lay	2.(a) It veteran, name war WW I	V .		
3. (a) FULL NAM				b) Social Security Number		
			3. (	o) Social Security Number		
4. Sea	RD WORLEY	6.(a)Single, married, widowed, or divorced	MEDICAL CERTI	FICATION		
Male	White	Single	20. DATE OF DEATH January 9	19 486:25 P		
6 (h) Name of husban	or wife Sing	le	21. I CERTIFY that death occurred on the date above states	d; that I attended deceased from		
			January 8 19 48			
7. Birth date of			and that I last saw himalive on Jamuary.	9 15 48		
deceased (mo., day,		3, 1896 Days It less than one day	Immediate cause of death			
o. Mod.			Pnaumonia, right lower lo	obe 6 Days		
	6 6	hrsmin.				
9. BirthplaceNe	wport, Ker	ntucky county, and state)	Due to Pneumococcus	6 Days		
tD. Usual occupation	Cook			ш		
tt. Industry or busine			Due to			
		iy				
	Orleans, F		Other conditions			
			(Include pregnancy within 3 months	of death)		
里 t4. Maiden name	Julia Manr	1	Major findings of operations			
E t5. Birthplace	New Orlean	s, La.				
18 Informant Cl	inical Rec	ords, Vets. Adm. Hosp.	Autopsy results.			
Address Fo	rt Howard,	Maryland	PHYSICIAN: Please underline the cause to which dea	th should he charged statistically.		
		1/11/110	22. VIOLENCE: If death was due to eaternal causes, fill	in the following;		
(Burial, crematio	n, or removal, Which	Date thereot (month) (day) (year)	Accident, suicide, or homicide	Date of		
	73 - 7 1 *	37. 1.1 3 4 4	Where did injury occur?	(Carreton)		
Gemerery or Grema	Baltimo	re, Maryland	Injured at home, farm, industry, public place (where?)			
Cemetery or crematory  Baltimore, Maryland  Location  Howard Blight, Jr.		Misans of Injury	Injured at work?			
t8. Funeral director.	LOWALU .	lair Rd., Balto., Md.	niemie di titipiti	INJUINE EL HOLDE		
Address	пати ве	Lair Md., Balto., Md.	VIII II			
11.3	148	aw. Helret	V. SCIULIO, M. D.	M. D. or other		
(Date rec'd by r	egistrar)	Registrar	Address V.A.H. FORT HOWARD.	MD Date signed		

BINDING FOR RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

WRITE

PLEASE

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MAKGIN KESEKYED FOR BINDING	WITH UNFADING INK. Supply every item of information a important. Physicians: please write the causes of death clearity
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PLEASE WRITE PLA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEA		more			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town)		State Maryland county Prince Ge	orge			
(1f ou	tside city or town	limits, write h	RURAL and give nearest tow	n)		_
How long in above place of	f death?2 y.e	ars, 2	months, 17 da	ys	City or town	rest town)
Hospitat, Institution, or			oital		Street No.	
			2 months, 17 d		(If rural, give LOCATION)	V
	Institution?	Section wing		M. W.	2.(a) It veteran, name war	
3. (a) FULL NAME	Edwin	Yost			3. (b) Social Security	Number
4. Sex	5. Color or race	8 (a)Sine	e, married, widowed, or divorced		MEDICAL CERTIFICATION	
male	white	01(0)01118	single		MEDICAL CERTIFICATION	
Mare	WILLOG		STREE		20. DATE OF DEATHJanuary 18 19.18	, at. 7.: 35a. M
6.(b) Name of husband o	e wife =				21. I CERTIFY that death occurred on the date above stated: that I attended dece	ased from
					November 1 1945 to January	1819.1.8
7. Birth date of		6.(	c) It alive, give age	years	and that I last saw h. im. alive on January 18	19. [48
deceased (mo., day, yr.	) rebrua	ry (, -	10/0		Immediate cause of death	DURATION
8. AGE: Years	Months	Days	It less than one day		Coronary sclerosis	
77	11	111	hrs,	min.	•	
9. Birlhplace	District	of Co	lumbia		Due to Arteriosclerotic heart disease	11
3. Biiiiipiaec	(Town	, county, and	atate)		Generalized arteriosclerosis	
1D. Usual occupation	Carpente	<u>.</u>	***************************************		Due to Hypertensive cardiovascular	* *************************************
11. Industry or business	Carpente	ring			disease with decompensation	
当 12. Name	Robert Y	ost			Dither conditions	
12. Name	Maryland					
and the same of th	177 3 1 - 1		1		(Include pregnancy within 3 months of death)	
HLOW 14. Malden name	District				Major findings of operations	
∑ 15. Birthplace					Date of op	
16. Intermant	Hospital	record	ds		Autopsy results	
Address	Catonsvi	lle-28	Maryland		PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Rose			reof 1-19-4	18	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation,		7	(month) (day) (ye	ear)	Accident, suicide, or homicide	
District of the state of the st	138	ade	alvery 1	nd	Where did injury occur?	(State)
	Ė				Injured at home, tarm, Industry, public place (where?)	
Location		Msans of Injury Injured at work?				
18. Funeral director		. Isuda Juck, n. D.				
Address	ty at	lsvi	le, no	( .	Teadore Tuenk M.D.	
0-	100	,	1/5 1/		23. SIGNATURE M.D.	or other
19. Pate rec'd by reg	9 19 4 8		VE. Harry	egistrar	Address Catons ville 28 Md. Date signed.	



PLEASE

VS A15

MARGIN RESERVED FOR BINDING

M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00292

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

I. PLACE OF DEATH;	Z. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	no d
City or town	State County County
	City or town Haguston
How long in above piace of death?  Hospital, Institution, or street address where death occurred:	(If outside ty or town limits write RURAL and give nearest town)
Haarlem Fot Ci Catonardle My	street No. 21/2/2 lugma live.
	* (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME NELLIE I. YO	UNKINS. 3.(b) Social Security Number
4. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F IN Married	20. DATE DE DEATH 1-23 18 48 at 10 20 M
= 22.44	
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S (A) If all you give age years	1 -16 1948 10 1 - 23 19 48
7. Birth date of \$ - \( \sigma \) 6. (c) If alive, give age	and that I last saw h. E. alive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Concertice heart Jalunes
4/ 5 21hrsmin.	+ bronchopmentonia 27 lus
He existing the d	
8. Birthplace (Towns county, and state)	Due to Mente memory cal
	ellness-lype and designered south
1D. Usual occupation	Due to - prostly - brana abours
11. Industry or business	
12. Name Usney Kesselring	Dither conditions
12. Name Reselving 13. Birthplace Maulful	Said Unid mention
	(Include pregnancy within 3 mond is of death)
14. Maiden name San an Ribe Cel June 15. Birthplace	Major fiadiogs of operations.
15. Birthplace Manhand	
11-1-1	Date of op.
16. Informant	Autopsy results
Address () Invert	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
R :1 1/26/40	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof month) (day) (year)	Accident, suicide, or homicide
K as t W as a last	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Dageston Md.	injured at home, farm, industry, public place (where?)
18. Funeral director H. K. Coffman	Means of Injury Injured at work?
1	17 K D & MO
Address tagestorf md.	22 SIGNATURE (J. Sovoks Banon M.O.
1-24 7/8 None	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)	Address Haarlem Jodge Date signed 1-24-48

